

No. 2  
1-4-41  
-17-39  
X28390

FILED JAN 22 1942

Registration District No. 497

Primary Registration District No. 5672

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town North Salem  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 18th  
year 1941 hour 12 minute 10 P.M.  
21. I hereby certify that I attended the deceased from  
June 26 1941 to Dec 15 1941  
that I last saw her alive on December 15  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Melissa Jane Arnold  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward L. Arnold  
6. (c) Age of husband or wife if alive 82 years  
7. Birth date of deceased August 10 1864  
(Month) (Day) (Year)

Immediate cause of death:  
Myocarditis & Myocardial degeneration  
Due to Senility  
Carcinoma of sigmoid  
Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: 462  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 77 Months 4 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Near Browning Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Wife

11. Industry or business Farm

12. Name Steven Woodson Jennings

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Spencer

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address St. James

17. (a) Columbus (b) Date thereof Dec 20, 1941  
(Burial or removal) (Month) (Day) (Year)

(c) Place: burial or cremation North Salem

18. (a) Signature of funeral director Wm. E. ...

(b) Address Green City, Mo

19. (a) Dec 20 1941 (b) Wm. E. Williams  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. R. ... (M. D. or other) \_\_\_\_\_  
Address Browning, Mo Date signed Dec 20 1941

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 8 1946

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greensboro, N.C.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**