

S. No. 2
M-9-4-41
V. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12815

State File No.

FILED MAY 20 1942

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
407 S. Franklin
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
 (c) City or town Kirksville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 407 S. Franklin
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME John Dewayne Arnold
 3. (b) If veteran, name war..... 3. (c) Social Security No.
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced.....
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased Feb. 1 1942
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
2 18 hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
 year 1942 hour 2:30 minute A.M.
 21. I hereby certify that I attended the deceased from Feb. 1
1942 to April 19, 1942
 that I last saw him alive on April 19, 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Congenital Sclerosis
(Van Rues)
 Duration 2 1/2
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 1610
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Kirksville 6 Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation.....
 11. Industry or business.....
 MOTHER FATHER { 12. Name Roy Arnold
 13. Birthplace Keokuk Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Mildred Simpson
 15. Birthplace Milan Mo.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Roy Arnold
 (b) Address Kirksville, Mo.
 17. (a) Burial (b) Date thereof 4-19-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place; burial or cremation: Elmwoods Cemetery
 18. (a) Signature of funeral director Dee Riley
 (b) Address Kirksville, Mo.
 19. (a) April 30, 1942 Mrs. J. W. Wayman
 (Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 [Signature] (M. D. or other M.D.)
 Address Kirksville, Mo. Date signed 4/20/42

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

RECEIVED

District Health Officer No. 10

District File Number 5-42-1123

Date Filed MAY 19 1942

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 Derby Riley.....

Licensed Embalmer No. 4181.....

P. O. Address: Hicksville Mo......

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.