S. No. 2
4-13-40
4-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27915

State File No.

AUG 28 1942

Registration District No. 275 Primary Registration District No. 3053 Registrar's No.

81 2 2

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

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Rolla (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 years, months or days) In this community: 64 yr. 3 mo. 14 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Phelps

(c) City or town: Rolla, Mo. (If outside city or town limits, write "RURAL")

(d) Street No.: Highway 66 West (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: John William Arthur

3. (b) If veteran, name war:

3. (c) Social Security No. 498-03-3613

4. Sex: M 0

5. Color or race: W

6. (a) Single, widowed, married, divorced: 2 Widowed

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: April (Month) 26 (Day) 1878 (Year)

8. AGE: Years 64 Months 3 Days 14 If less than one day: hr. min.

9. Birthplace: Phelps Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: William Arthur

13. Birthplace: Phelps Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER 14. Maiden name: Martha Dean

15. Birthplace: Phelps Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: John R. Arthur

(b) Address: Rolla, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 - 12-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Rolla, Mo.

18. (a) Signature of funeral director: Alfred T. Smith

(b) Address: Rolla, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

1072

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 10 year: 1942 hour: 7 minute: P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy

Due to: Chronic Nephritis

Due to:

Other conditions (Include pregnancy within 3 months of death): 131 P

Major findings: Of operations:

Of autopsy:

Duration

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: R. E. Brewer (M. D. or other)

Address: Newburg Mo Date signed: 8/11/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 28 19[illegible]

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 Jas H Hollow

Licensed Embalmer No. 3643

P. O. Address Cuba, 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.

No. 2B
-8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27915

Registration District No. 27J Primary Registration District No. 3053 Registrar's No.

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Rolla
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (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

3. (a) PRINT FULL NAME: John William Arthur
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: April (Month) 26 (Day) 1877 (Year)

8. AGE: Years 64 Months 3 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) MO
10. Usual occupation
11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 8-13-1942 (Date received local registrar) (b) J. Ellis Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy
Due to chronic nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY