S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

30528
State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 376

49 2 5

**1. PLACE OF DEATH:**
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman Hospital 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 27 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo; (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 312 Byers Ave; (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No 1

3. (a) PRINT FULL NAME Irwin E. Arnold
3. (b) If veteran, name war No
3. (c) Social Security No. 491-01-4177
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April 22, 1883 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 4 | 10 | hr. min. |

9. Birthplace Greenville Texas (City, town, or county) 1 (State or foreign country)
10. Usual occupation employe, Eagle Picher Lead Co.
11. Industry or business
MOTHER FATHER
12. Name Marcellus Arnold
13. Birthplace No record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Buspie
15. Birthplace no record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Clara Arnold
(b) Address 312 Byers Ave; Joplin Mo;
17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville Texas
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;
19. (a) 9-2-42 (Date received local registrar) (b) [illegible] (Registrar's signature)
Filed by Mildred Kochler (Licensed Embalmer's Signature on Reverse Side)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. 1, 1942; day year hour 9-30 A. M. minute M.
21. I hereby certify that I attended the deceased from Aug 3 1942 to Sept 1 1942 that I last saw him alive on Sept 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis 4 mos
Due to Lobar Pneumonia 4 mos
Due to Asthma
Other conditions (Include pregnancy within 3 months of death) 108
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) no
(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 (Specify type of place) (Means of injury)
23. Signature [illegible] (M. D. or other)
Address Joplin Mo Date signed Sept 2 1942

42-9-804

DEC 29 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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin 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.**