

Registration District No. 235

Primary Registration District No. 4138

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

1. PLACE OF DEATH:

(a) County CLINTON
(b) City or town LATHROP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 9 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON
(c) City or town LATHROP
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME TOBIAS HENRY ARBUCKLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or face White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY E. ARBUCKLE 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 5 1891 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 18 hr. min.

9. Birthplace Alto, Indiana (City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR

11. Industry or business BUILDING

12. Name JAMES ARBUCKLE

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

14. Maiden name JOHANNA JONES

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

16. (a) Informant MARY E. ARBUCKLE

(b) Address LATHROP, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 25 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation CLINTON, MO.

18. (a) Signature of funeral director DEMOS CRUNK

(b) Address LATHROP, MO.

19. Mar. 24, 1943 (Date received local registrar) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 23 year 1943 hour 10 minute 9 M.

I hereby certify that I attended the deceased from Mar. 18, 1943 to Mar. 23 - 43

that I last saw him alive on Mar. 23 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____

Of autopsy _____

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) _____

Address LATHROP, MO. Date signed 3/24/43

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

DeMoss CRUNK

Registered Apprentice No.

working under my personal supervision.

Signed

DeMoss Crunk

Licensed Embalmer No.

2533

P. O. Address

LATHROP, 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.