

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 256

LED MAY 7 1943

Registration District No. 316 Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town: Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Mo. State Hospital No. 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 das.  
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town State Hospital No. 4, Farmington, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME MAYME ARNOLD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 1943  
year One hour 15 minute 2 M.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alvin Meadows 6. (c) Age of husband or wife if alive Age Unk years

7. Birth date of deceased: September 13, 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15, 1943 to March 29, 1943  
that I last saw her alive on March 29, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

44 6 17 hr. min.

Immediate cause of death Lobar Pneumonia Duration 2 day

9. Birthplace Bonne Terre Missouri  
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

10. Usual occupation Beautician, State Hospital No.

Other conditions Depression (Include pregnancy within 6 months of death) Duration 15 days

MOTHER FATHER

11. Industry or business

12. Name William F. Arnold

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

14. Maiden name Mary Murphy

15. Birthplace King's Town, Essex County, New York  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Earl Arnold, brother

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 4-1-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation I.O.O.F. Cem. St. Francois, Mo.

18. (a) Signature of funeral director C. Z. Boyer Undt. Co.

(b) Address Desloge, Missouri

19. (a) April 5-1943 (b) Byrdie Buhmester  
(Date received local registrar) (Registrar's signature)

23. Signature B. F. Anderson (M. D. or other) 0

Address Farmington Date signed 3/30/43

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

74  
0

**RECEIVED**

District Health Officer No. 4  
District File Number 543-2138  
Date Filed 5-5-43

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**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 C. Z. Bauer,  
Licensed Embalmer No. 1671  
P. O. Address Wesley Hill

**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.**