

FILED APR 6 1944 318

1003

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(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 Illinois (b) County 11
(c) City or town Gorham
(If outside city or town limits, write "RURAL") NR.
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Fannie Loyd Arnold

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female / race White / 5. Color or _____ / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter W. Arnold 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Nov. 1st 1902
(Month) (Day) (Year)

8. AGE: Years 41 Months 4 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J.L. Knighten

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

14. Maiden name Ellen Knighten

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

16. (a) Informant Walter W. Arnold

(b) Address Gorham Illinois

17. (a) Remove (b) Date thereof 3/21/44
(If by cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock Arkansas

18. (a) Signature of funeral director Wm. J. Robert L. & U. C.

(b) Address 1905 S. Grand Bld.

19. (a) MAR 31 1944 (Date received local registrar) J. F. Bradish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1944 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-27, 1944, to 3-30, 1944,
that I last saw her alive on 3-30, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: Past-operative shock following vaginal hysterectomy and hemorrhoidectomy non-puerperal
Due to _____
Due to 139

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 0

23. Signature Harold Steele (M. D. or other) _____
Address 1755 S Grand Date signed 3-30-44

844

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

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.....

Licensed Embalmer No. *3880*

P. O. Address.....

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.