

FILED JUL 18 1944
Registration District No. _____

Primary Registration District No. 3039

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Missouri
(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 10 yrs
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

(c) City or town Marceline
(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 ADA TEMPLE ARNOLD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1944 hour 9 n minute 45 P. M.

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

6. (b) Name of husband or wife John Arnold 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 20 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 21 19 44 to June 30 19 44
that I last saw h. or alive on June 30 19 44
and that death occurred on the date and hour stated above.

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

47 10 10 _____ hr. _____ min.

Immediate cause of death Mitral regurgitation

Due to arthritis

9. Birthplace Sullivan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business home

12. Name Hiriam Bunch

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

14. Maiden name Almeda Rickerell

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

22. If death was due to external causes, fill in the following:

(c) 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? _____

16. (a) Informant John Arnold

(b) Address Marceline, Missouri

17. (a) Burial (b) Date thereof July 3, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline, Missouri

19. (a) 7-1-44 (b) P. L. P. P. P.
(Date received local registrar) (Registrar's signature)

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

23. Signature P. L. P. P. P. (M. D. or other) _____
Address Marceline, MO Date signed 7/2/44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

928

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

582

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.....

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.