

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24207

State File No. ....

Registrar's No. 134

Registration District No. 157

Primary Registration District No. 2028

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
822 E. Macon St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 1  
(If outside city or town limits, write "RURAL")

(d) Street No. 822 E. Macon St. 3  
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM HOWARD ARR

3. (b) If veteran, name war None

3. (c) Social Security No. 490-10-2063

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oda Baty Arr

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased May 15, 1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 20  
If less than one day hr. min.

9. Birthplace Polk County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business State Highway Dept.

MOTHER FATHER {

12. Name Robert W. Arr

13. Birthplace X Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Barnes

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

16. (a) Informant Mrs. W. H. Arr

(b) Address 822 E. Macon St., Carthage

17. (a) Burial (b) Date thereof 7-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) July 6 '45 (b) Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5, year 1945 hour 12: minute 30 P. M.

21. I hereby certify that I attended the deceased from June 14 1945 to July 5 1945  
and that I last saw him alive on July 5 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary thrombosis

Due to Burns of arms and legs June 14 45

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence June 14 45

(c) Where did injury occur? Carthage Jasper 2nd St.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? Yes (Specify type of place)

(e) Means of injury fire

23. Signature R. W. Webster 0 (M. D. or other)

Address Carthage Mo Date signed July 6 45

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

45-7-611

AUG 20 1945

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..... *Eddie Palmer* .....

Licensed Embalmer No. *2222* .....

P. O. Address..... *Carthage* .....

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.