

S. No. 2  
M-5-43  
5-17-39  
I X36671

**FILED** APR 19 1946

5267

Registration District No. **108**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town rural Ponce de Leon  
(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 \_\_\_\_\_  
In this community most all of her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Highlandville  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Arnie Francis Flood

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21  
year 1946 hour 4 minute 40 A.M.  
21. I hereby certify that I attended the deceased from Jan 19  
1946, to Jan 21, 1946  
that I last saw her alive on Jan 19, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Thrombocytopenic Purpura

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_  
(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 ✓

Signature J. H. Wade (M. D. or other) \_\_\_\_\_  
Address 1 Oak Date signed 1-24-46

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased August 24 - 1889  
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 27 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

9. Birthplace Christian Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Jamies Martin

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

14. Maiden name Martha Howard

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

16. (a) Informant John Flood

(b) Address Highlandville, Mo.

17. (a) Burial (b) Date thereof Jan 23 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flood Cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) Jan 26, 1946 (b) Arnie Flood  
(Date received local registrar) (Registrar's signature)

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
11461

RECEIVED  
with Officer No. 6,  
District File Number 446-485  
Date Filed APR 17 1946

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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 J. W. Maple  
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.**