

S. No. 2  
PM-2.43  
7. 5-17-39  
X39697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17277  
24  
State File No.  
Registrar's No.

Registration District No. 185 Primary Registration District No. 5691

1. PLACE OF DEATH:  
(a) County Denn Rural  
(b) City or town Rural  
(c) Name of hospital or institution:  
Rural Jefferson Township  
(d) Length of stay: In hospital or institution 6 years  
In this community 6 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Linn 58  
(c) City or town Rural Jefferson Twp  
(d) Street No. 0  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALICE MARY ARNOLD  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 16  
year 1946 hour 11 minute 5 P. M.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife Charles J. Arnold 6. (c) Age of husband or wife if alive 13 years  
7. Birth date of deceased Oct 13 1867

21. I hereby certify that I attended the deceased from June 19 46 to May 16 46  
that I last saw her alive on May 16 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 48 hrs  
Due to myocarditis chron 5 yrs

8. AGE: Years 88 Months 7 Days 3  
9. Birthplace Rural Vermont

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 108  
Of autopsy \_\_\_\_\_

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Potter Bushnell  
13. Birthplace D.R. 7  
14. Maiden name Caroline Gilmore  
15. Birthplace D.R. 9

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Nettie Bushnell  
(b) Address R. 7, D. Brookfield, Missouri  
17. (a) Removal (b) Date thereof May 19 46  
(c) Place: burial or cremation North Adams Mass Hill Funeral Home  
18. (a) Signature of funeral director Brookfield Mo  
(b) Address \_\_\_\_\_  
19. (a) May 18 1946 (b) Chas G. Martens

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature W. B. Simpson (M. D. or other) 190  
Address Brookfield, Mo Date signed 5-17-46

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

58  
0  
1

**DISTRICT HEALTH OFFICE  
Cameron, 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

*J. W. Blacklock*

Licensed Embalmer No. *2246*

P. O. Address

*Brookfield Mo.*

**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.**