

S. No. 2
M-8-43
7. 5-17-39
9-1 X37823

FILED DEC 30 1948

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Warrensburg Hospital & Clinic Inc
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 14 days
(Specify whether
In this community 0-0-14
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. Warrensburg Clinic
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Terry Wayne Arnold

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

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 4, 1946
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 14 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Kenneth Wayne Arnold
13. Birthplace McPherson, Kansas
(City, town or county) (State or foreign country)
14. Maiden name Bonny Lou Brown
15. Birthplace Kansas City, Kansas
(City, town or county) (State or foreign country)

16. (a) Informant H. A. Brown
(b) Address Holden, Missouri

17. (a) removal (b) Date thereof Dec. 21, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leon, Kansas
Sweeney-Phillips

18. (a) Signature of funeral director Warrensburg, Missouri
(b) Address

19. (a) 12-30-46 (b) Sassanah C. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Dec 10-46
19 to Dec 18-46 19 46
that I last saw him alive on Dec 18-46 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
(Cause undetermined) Duration 4 days

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) NO

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?

(Specify type of place) While at work? (e) Means of injury U
Signature R. F. McK... (M. D. or other) MD
Address Warrensburg, Mo Date signed 12-30-46

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

39565

MOTHER FATHER

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.....

R. Q. Phillips

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.