

S. No. 2
 ON-2-43
 v. 3-17-39
 X35927

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED FEB 24 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5914**
 Registrar's No. **42**

Registration District No. **316**
 Primary Registration District No. **6075**

1. PLACE OF DEATH:
 (a) County **St. Francois**
 (b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Missouri State Hospital No. 4**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **9 das.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOHN ALEXANDER ARNOLD**
 3. (b) If veteran, name war **None**
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Margaret Clark** 6. (c) Age of husband or wife if alive **Age Unknown**
 7. Birth date of deceased **September 23, 1873**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **1**
If less than one day hr. min.

9. Birthplace **Anutt, Dent County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming (retired)**

11. Industry or business

MOTHER FATHER } 12. Name **Thomas Arnold**

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

14. Maiden name **Frances Young**

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

16. (a) Informant **Records State Hospital No. 4**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **1-26-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Winona, Missouri**

18. (a) Signature of funeral director **Leuckel Funeral Home**
Van Buren, Missouri
 (b) Address

19. (a) **2-13-47** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Shannon**
 (c) City or town **Winona**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Unknown**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24**
 year **1947** hour **5** minute **20 A.M.**

21. I hereby certify that I attended the deceased from **Jan. 15, 1947** 19 to **Jan. 24, 1947** 19
 that I last saw him alive on **Jan. 24, 1947** 19
 and that death occurred on the date and hour stated above.

Immediate cause of death
**Arteriosclerosis
 generalized & mixed**
 Due to

Due to **Central Arteriosclerosis
 Psychomotor irrit**
 Other conditions **1 mo**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **97**
 Of autopsy **No autopsy.**

Duration
 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 plane)**
 (Specify means of injury) **0**
 23. Signature **Dr. J. H. ...** (M. D. or other)
 Address **Farmington** Date signed **2/24/47**

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

94
 0

RECEIVED

Death Officer No. 4
Number 247-261
2-21-47

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 L. 24-47

....., Registered Apprentice No.
working under my personal supervision.

Signed: Phil A Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren 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.