

FILED MAR 31 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 424

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Mo. Methodist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution. 3 days  
(Specify whether years, months or days)

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DAVID CHARLES ARNOLD

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1947 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from March 19 1947 to March 23 1947

that I last saw him alive on March 22 1947 and that death occurred on the date and hour stated above.

4. Sex Male 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: December 15 1946  
(Month) (Day) (Year)

Immediate cause of death Acute Intestinal Indigestion Duration 10 da

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>3</u>	<u>8</u>	_____ hr. _____ min.

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

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

Other conditions Acidosis, non diabetic 3 da  
(include pregnancy within 3 months of death)

9. Birthplace Hannover, Bury Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation none

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 114

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business none

12. Name Unknown

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

14. Maiden name Georgia May Arnold

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

16. (a) Informant Georgia May Arnold

(b) Address Plattsburg Mo

17. (a) Burial (b) Date thereof Mar-25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo

18. (a) Signature of funeral director Geo. L. Martin

(b) Address Plattsburg Mo

19. (a) 3-25-47 (b) R. L. Jenkins  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signature Geo. R. Moore (M. D. or other) MD

Address St. Joseph Mo Date signed 3/23/47

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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.....

*Geo L. Martin*

Licensed Embalmer No. 4903

P. O. Address Plattsburg

**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.**