

S. No. 2
M-5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16636
Registrar's No. 183

Registration District No. 43 Primary Registration District No. 3007

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo.
(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. 18 mos.
In this community 18 mos. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 481 Apple St. 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sidney Arnold
3. (b) If veteran, name war 1. c. 3. (c) Social Security No. _____
4. Sex M 5. Color or race C
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Jennie Arnold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 3-17-1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 30 year 1947 hour 5 minute 52-P.M.
21. I hereby certify that I attended the deceased from 28 April 1947 to 30 April 1947 that I last saw him alive on 28 April 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 1 Days 23 If less than one day hr. min.

Immediate cause of death Encephalomalacia - 3 wks
Due to Arteriosclerosis ?

9. Birthplace Cortland Ala. 1
(City, town, or county) (State or foreign country)

Due to _____
Other conditions Influenza -
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Isaac Arnold 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Arnold (son)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Address 481 Apple St Poplar Bluff, Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 5-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Poplar Bluff, Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Fred G. Smith

While at work? _____ (Specify type of place)
(c) Means of injury _____

(b) Address Sikeston, Mo.
19. (a) 5/3/47 (b) R. Minette
(Date received local registrar) (Registrar's signature)

23. Signature _____ (M.D. or other)
Address Poplar Bluff, Mo. Date signed May 4, 1947

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

RECEIVED

District Health Office No.

District File Number 277-68

Date Filed 5-6-8

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 Paul J. Smith

Licensed Embalmer No. 4308

P. O. Address Sikeston, 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.