

FILED AUG 15 1947

Registration District No. 386

Primary Registration District No. 5-209

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Rayoll Leslie Twp.
(b) City or town Carrollton Mo RPO#6
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 6 Miles West Bogal
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
years, months or days) 42 years

3. (a) PRINT FULL NAME Jennie Lee Arrasmith

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

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Jim E. Arrasmith
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 30 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 17 If less than one day hr. 2 min.

9. Birthplace Shelburne Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Purvis 9

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Warrner Margaret 7

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Arrasmith

(b) Address Carrollton, Mo RPO#6

17. (a) Burial (b) Date thereof 7/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Horn

18. (a) Signature of funeral director E. W. Austin

(b) Address Tina Mo

19. (a) 7-19-47 (b) Bunnie Street
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carnell 17
(c) City or town Carrollton, Missouri 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 1076 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1947 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from July 1947
_____, 19____, to Present, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death T. B. Generalized Duration 4 years
tubercular
Due to lung 8 mos.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 13 B

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 place), (e) Means of injury _____

23. Signature Eugene J. ... (M. D. or other) _____

Address Carrollton Mo Date signed 7-17-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Jennie Lee Arrasmith.

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed..... 8-14-47

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.....

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

Signed..... *E. A. Johnson*

Licensed Embalmer No. 2534

P. O. Address..... *Boquet md*

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.