No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3964

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 297

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 Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2226 Main Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Fred Arnhold
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Johanna Yellide Arnhold
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 25 (Day) 1871 (Year)

8. AGE: Years	Months	Days	If less than one day
77	0	10	hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Retired
11. Industry or business: Contractor
FATHER
12. Name: George Arnhold
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name: Mary Charpentier
15. Birthplace: Unknown (City, town, or county) France (State or foreign country) 5
16. (a) Informant: Frederick Arnhold
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Mora Cemetery
18. (a) Signature of funeral director: Horton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 3-11-48 (Date received local registrar) (b) Geo. E. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1948 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from March 17, 1947, to March 5, 1948 that I last saw h. alive on March 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (1) Mediastinal malignancy - primary source undetermined	
Due to: thyroid? Had paralysis of left vocal cord	
Due to: (2) Arteriosclerosis general	
(3) Osteoarthritis of spine	
Other conditions: (4) Duodenal ulcer (Include pregnancy within 3 months of death)	
(5) Peri-intestinal adhesions	

Major findings:
Of operations: 550
Of autopsy: as above
Microscopic not reported as yet

PHYSICIAN — Underline the cause of 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: 0
23. Signature: L. P. Lemon M.D. (M. D. or other)
Address: St. Joseph Mo. Date signed: 3-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Williams Goalding, Registered Apprentice No. 28 working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph

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.