No. 2
2-45
7-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35760

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 384

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Rt. 5 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country ____

3. (a) PRINT FULL NAME: William Dibrel Arney
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male 0
5. Color or race: White 1
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Ada Arney
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: Jan. (Month) 25 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
75	9	22	____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) Tennessee (State or foreign country) 1
10. Usual occupation: Farmer
11. Industry or business: ____
FATHER
12. Name: Erwin Arney 1
13. Birthplace: ____ (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Sally Jouett
15. Birthplace: ____ (City, town, or county) Tennessee (State or foreign country) 1
16. (a) Informant: Mrs. Ada Arney
(b) Address: Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Poplar Bluff, Mo.
18. (a) Signature of funeral director: Greer Croy & Fitch
(b) Address: Poplar Bluff, Mo.
19. (a) 11/20/48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 17 year: 1948 hour: 11 minute: 25 P.M.
21. I hereby certify that I attended the deceased from June, 1948, to 17 Nov, 1948 that I last saw him alive on 17 Nov 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage -	4 days
Due to: Hypertension	
Arteriosclerosis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: 83A

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____ 0
23. Signature: [signature] (M. D. or other) MD
Address: Poplar Bluff, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1148-1567
Date Filed 11-22-48

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 Russell A. Vaughn, Registered Apprentice No. 233 working under my personal supervision.

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.