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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 19 1944

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Barry

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

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

(d) Length of stay: In hospital or institution.....
In this community life / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Barry

(c) City or town Cassville.
(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 Louisa Kate Arnold

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Fe / 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife James E. Arnold

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April 3 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 2
If less than one day hr. min.

9. Birthplace Cassville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business ---

12. Name John E. Williams

13. Birthplace Ga. 1
(City, town, or county) (State or foreign country)

14. Maiden name Hester Benton

15. Birthplace Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Arnold

(b) Address Cassville, Mo.

17. (a) burial (b) Date thereof 9/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Exeter Cem.

18. (a) Signature of funeral director W. W. Williams

(b) Address Cassville Mo.

19. (a) Sept 8-44 (b) Grace Williams
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 1944 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 5-6 to 1944
1944 to 9-5 to 1944

that I last saw h. sr alive on Sept 4 to 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to not known.

Due to

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

Major findings:
Of operations

Of autopsy 83a1

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?

(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 0

23. Signature W. R. M. Chure (M. D. or other) D. O.
Address Cassville, Mo. Date signed 9-12-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1077

RECEIVED

District Health Officer No. 6;

District File Number 1044-1063

Date Filed OCT 16 1944

RECEIVED

8921

PROPERTY OF DISTRICT HEALTH OFFICER

RECEIVED

1944

OFFICE

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. M. Joiner*

Licensed Embalmer No. 3453

P. O. Address Cassville, 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.