No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECD MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15713

Registration District No. 773 Primary Registration District No. 6018A Registrar's No. 52

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town (Near) Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 4
(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 12-8-1911 to 4-2-41

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Knob Lick
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Arnold
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife M. P. Arnold
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 1880 (Year)

8. AGE: Years 61 Months U.K Days U.K If less than one day hr. min.

9. Birthplace Knob Lick (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hospital No. 4
(b) Address Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 4-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Lick Mo
18. (a) Signature of funeral director Hugo Cozean
(b) Address Farmington, Missouri
19. (a) Apl 3-41 (Date received local registrar) (b) B. K. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd year 1941 hour 5:00 minute a. M.

21. I hereby certify that I attended the deceased from July 15, 1939, to April 2, 1941; that I last saw her alive on 4-1-41, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	Quite a few
Due to: Arteriosclerosis, generalized & marked	?
Due to:	4 yr
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis, Dementia Praecox	? 33 years

Major findings: Of operations None
Of autopsy None

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, public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. C. Ault (M. D. or other) M.D.
Address Farmington, Missouri Date signed 4/4/41

(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

Me, Registered Apprentice No.

working under my personal supervision.

Signed C. Hugo Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.