Cynthiana Democrat – May 9, 1946

ARNOLD

Harry Arnold, 61, died May 6, 1946 at Harrison Memorial Hospital after an illness of three weeks. A native of Harrison County, he was a son of the late Joseph and Sarah Mullen Arnold.

Survivors are one sister, Mrs. Desha Whiteker, and a brother, Wood Arnold.

Mr. Arnold was a member of the Baptist Church and Thomas Ware Lodge, No. 340, F. & A. M.

Funeral services took place at Smith-Rees Funeral Home, Wednesday afternoon with Rev. Jesse M. Florence in charge, assisted by Rev. Frank C. King. Burial was in Battle Grove Cemetery.

Pallbearers named were Fred, Mack and Kevil Whitaker, Woodrow Arnold and Tilbert McCauley.

Form V. S. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **10956**
Registrar's No. **39**

Registration District No. **6 70** Primary Registration District No. **2 240**

1. PLACE OF DEATH:
(a) County _Harrison_
(b) City or town _Cynthiana_
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Harrison Memorial Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _3 weeks_
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _Kentucky_ (b) County _Harrison_
(c) City or town _Rural_
(If outside city or town limits, write RURAL)
(d) Street No. _Sunrise_
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? ___

3(a) FULL NAME _Harry Arnold_

3(b) If veteran, Name war ___   3(c) Social Security No. ___

4. Sex _M_ 5. Color or race _W_ 6(a) Single, widowed, married, divorced _Widowed_

6(b) Name of husband or wife _Tracie Case Decd._
6(c) Age of husband or wife if alive ___
7. Birth date of deceased _May 7 1884_
(Month) (Day) (Year)

8. AGE: Years _61_ Months _11_ Days _29_ If less than one day hr. ___ min. ___

9. Birthplace _Harrison Co., Ky._
10. Usual occupation _Farming_
11. Industry or business ___

FATHER
12. Name _Joseph Mullen_
13. Birthplace _Kentucky_

MOTHER
14. Maiden name _Sarah Mullen_
15. Birthplace _Kentucky_

16(a) Informant's own signature _Jacob Arnold_
(b) Address _R. F. D. # 2, Cynthiana, Ky._

17. BURIAL, CREMATION, OR REMOVAL
Place _Battle Grove Cem._ Date _May 8, 1946_
18(a) Signature of funeral director _Smith Ridge Co._
per _Clark Fennell_ # 2095
(b) Address _Cynthiana, Ky._
19(a) _May 3 1946_ _Harrison Law_
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH _May 6, 1946_
21. I hereby certify that I attended the deceased from _Mch 1, 1946_
to _May 6, 1946_, that I last saw him alive on _May 6, 1946_ and that death occurred on the date stated above at _1:15 a. m._
Immediate cause of death _Valvular Heart Disease_

DURATION

Due to ___
Other conditions ___
(Include pregnancy within 3 months of death)
Major findings:
Of operations ___
Of autopsy ___

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? In or about home, on farm, in industrial place, in public place? ___
(Specify type of place)
While at work? ___ (d) Means of injury ___
23. Signature _Dr. C. L. Swinford_
(M. D. or other)
Address _Cynthiana_ Date signed _5-7-46_