

Registration District No. 598

Primary Registration District No. 9355

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Henn Clinic - Versailles
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours
In this community 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Herman Joseph Arnostett

3. (b) If veteran, name war World War 3. (c) Social Security No. 506-01-9295

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Mary Arnostett 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased January - 1 - 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Lyons - Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpenter

12. Name Herman Arnostett

18. Birthplace Willow Springs, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Moritz

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

16. (a) Informant Mrs. H. J. Arnostett

(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director L. F. Parker

(b) Address Otterville, Mo.

19. (a) 11/20/40 (b) Will F. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Versailles
(If outside city or town limits write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 5 year 1940 hour 4:15 minute 2 M.

21. I hereby certify that I attended the deceased from June 4th to June 5th, 1940
that I last saw him alive on June 5th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 12 lbs

Due to Angina Pectoris 3 yrs.

Other conditions 44%
(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? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature W. G. Gunn (M. D. or other) 8/6/40
Address Versailles Mo Date signed 6/6/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

RECEIVED DEC 11 1940

OCT 7 1941

MAR 25 1949

NOV 24 1948

MAY 5 1949

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lucius F. Parker*.....

Licensed Embalmer No. *3840*.....

P. O. Address *Otterville, 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, above space should be left blank.