

FILED SEP 17 1942
Registration District No. 209

Primary Registration District No. 3093 5767

Registrar's No. 199

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

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution South River Township
Residence R.R. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion ⁶⁴
(c) City or town Hannibal ⁹
(If outside city or town limits, write "RURAL")
(d) Street No. R R 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ ⁰

3. (a) PRINT

FULL NAME Otto Arp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18
year 1942 hour 6 minute 40 P. M.
21. I hereby certify that I attended the deceased from Jan 10th 1942
to August 8/18 1942
that I last saw him alive on 8/17/42
and that death occurred on the date and hour stated above.

4. Sex Male ¹ 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louise Tauber Arp 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 10, 1866
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage - ^{6 wks}
Due to Hypertensive Cardiovascular Disease ^{about 5 yrs}
Due to _____
Other conditions (Include pregnancy within 3 months of death) 3 w
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 75 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Hanover Germany ⁴
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Henry Arp

13. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Unknown

15. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto Arp

(b) Address R R 1 Hannibal Missouri

17. (a) Burial (b) Date thereof 8/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Wm. Smith

(b) Address 902 Broadway Hannibal

19. (a) 8/22/42 (b) R.W. Connor
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature J.P. Sultzman (M. D. or other) ^{MD}
Address Hannibal Mo Date signed 8/20/42

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 James A Moles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

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.