

S. No. 2
-11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34144

Registration District No. 176

Primary Registration District No. 42-7-95656

Registrar's No. 84

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00

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

1. PLACE OF DEATH:

(a) County. Lawrence
(b) City or town. Rural Ash Grove R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Logan Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 (Specify whether
In this community. _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME C.M. Arnhart
3. (b) If veteran, name war. L 3. (c) Social Security No. L

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Jane Arnhart 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased 7 25 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Arnhart
18. Birthplace mo 0
14. Maiden name Elizabeth Pendleton (City, town, or county) (State or foreign country)
15. Birthplace mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dan Arnhart
(b) Address Buffalo, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-42
(Month) (Day) (Year)
(c) Place: burial or cremation John's Chapel

18. (a) Signature of funeral director Morris - Weiman
(b) Address Ash Grove, Missouri

19. (a) Oct 10 (Date received local registrar) (b) Anna Whitney (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24
year 1942 hour 8:00 minute _____ A.M.
21. I hereby certify that I attended the deceased from July 5
1942 to Sept. 24, 1942
that I last saw him alive on Sept 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations 518
Of autopsy _____
PHYSICIAN _____

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)
(e) Means of injury _____

23. Signature S.M. Clark (M. D. or other) _____
Address Halltown Mo Date signed 9-26-42

RECEIVED

District Health Officer No. 6,

District File Number 1142-1544

Date Filed NOV 5 1942

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

G. R. Feiman

Licensed Embalmer No.

3297

P. O. Address

Miller 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.