

FILED OCT 13 1943 6-11-1352

Registration District No. Primary Registration District No. 6258-5844 Registrar's No.

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

1. PLACE OF DEATH: **Newton**

(a) County **Newton**

(b) City or town **6-Mi.-E.-of-Seneca**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **36** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Roy Eugene Arehart**

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

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

6. (b) Name of husband or wife **Anna** 6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **Jan. 9th 1907**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	36	6	27 hr. min.

9. Birthplace **McDonald C o. Missouri** 0
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Camp Crowder M. Corb Arehart**

12. Name **Missouri** 0

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

14. Maiden name **Mary Shaffer**

15. Birthplace **Illinois** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Louise Arehart**

(b) Address **Seneca Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 8 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Swars Pr. Bap. Cem**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Seneca Mo**

19. (a) **9-10-1943** (b) **Nettie Norris**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton** 93

(c) City or town **Seneca** 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **6th**
year **1943** hour **7:30** minute P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw h..... alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Crushed skull and chest injuries due to automobile accident**

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) **1700-6**

Major findings: Of operations
Of autopsy
PHYSICIAN **[Signature]**
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) **accident**

(b) Date of occurrence **August 6 - 1943**

(c) Where did injury occur? **1115 Newton Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place) (e) Means of injury **5**

23. Signature **[Signature]** (M. D. or other) **3**
Address **Seneca Mo** Date signed **8-7-43**

DEC 8 1944

DEC 6 1944

RECEIVED 10-7-43
District Health Officer No. _____
District File Number 1042-184
Late Filed 10-8-43

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.....

Norm A. Johnson

Registered Apprentice No. 340

working under my personal supervision.

Signed *Leary Thompson*
Licensed Embalmer No. 3259

P. O. Address *Neato 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, fact should be so stated above.