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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUN 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20475
Registrar's No. 163

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
403 E. Logan
(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 Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 403 E. Logan
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Arthur Senez
3. (b) If veteran, - 3. (c) Social Security No. ✓
name war _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Susan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 9th 1868
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Btd Brick Mason

11. Industry or business _____

MOTHER FATHER

12. Name no data
13. Birthplace _____
(City, town, or county) (State or foreign country)?
14. Maiden name ✓
15. Birthplace _____
(City, town, or county) (State or foreign country)?

16. (a) Informant Mrs Arthur Senez
(b) Address 403 E Logan

17. (a) Burial (b) Date thereof June 8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Moberly + Son
(b) Address Moberly Mo

19. (a) June 8-48 (b) Leah H. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1948 hour 5 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 6th 1948 to June 6th 1948;
that I last saw him alive on Had not seen
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Coronary Infarct Sudden
Due to Arterio-sclerosis

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
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) _____
(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)
(c) Means of injury _____

23. Signature Mrs. A. Senez (M. D. or other) _____
Address Moberly, Mo Date signed 6-8-48

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

RECEIVED

Sanitary Health Officer No. 1

District File Number 6-48-105

Date Filed JUN-16-1948

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 Frank S. J. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.