

FILED MAY 26 1949 STANDARD CERTIFICATE OF DEATH

State File No. **15364**
Registrar's No. **93**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **4653**

2903

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY DADE	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOCKWOOD		c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
a. STATE MISSOURI		b. COUNTY DADE	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOCKWOOD		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) LOUIS	b. (Middle) ALBERT	c. (Last) ARFT	4. DATE OF DEATH	(Month) MAY	(Day) 7	(Year) 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH MARCH 29 1871	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INVALID-RETIRED CONTRACTOR & GARAGE OWNER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALDWIN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME AUGUST ARFT	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE DORA TUCKER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MRS. DORA ARFT,	ADDRESS LOCKWOOD, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Not known DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		343X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-23, 1949 to 5-7, 1949 that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00a m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. D. Coombe</i>	(Degree or title)	23b. ADDRESS <i>Lockwood Mo</i>	23c. DATE SIGNED <i>May 10-49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 9 1949	24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL CEMETERY	24d. LOCATION (City, town, or county) (State) GOLDEN CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 5-12-49	REGISTRAR'S SIGNATURE <i>Geo. H. Weir</i>	790	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME,	ADDRESS LAMAR, MO.
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RECEIVED

District Health Officer No. 6,

District File Number 549-574

Date Filed 5-23-49

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 _____

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed Walter J. Konantz
Student Embalmer

Signed _____

Carl J. Konantz
Licensed Embalmer No. 2247

P. O. Address Lamar, 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.