

SEP 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28246

Do not use this space.

1. PLACE OF DEATH

(a) County BATES

Registration District No. 56

(b) Township WALNUT

Primary Registration District No. 4562

Registered No. \_\_\_\_\_

(c) City FOSTER

(d) Street No. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARION WILLIAMS ARBOGAST

(a) Residence, No. FOSTER Mo. St. Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN - 22 - 1936

7. AGE YEARS 2 MONTHS 7 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_  
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME A. E. Arbogast

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foster Mo

15. MAIDEN NAME Nellie Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hume Co. Kansas

17. INFORMANT (ADDRESS) D. Arbogast Foster Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Foster DATE Aug 24 38

19. FUNERAL DIRECTOR (ADDRESS) R W McConnel Hume Mo

20. FILED 8/28 19 38 Mo. EB. Hume Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22 1938

22. I HEREBY CERTIFY, That I attended deceased from August 9 1938 to August 22 1938  
I last saw him alive on AUG 22 1938 Death is said to have occurred on the date stated above, at 10 P. m.  
The principal cause of death and related causes of importance were as follows:

Acute Nephritis  
Acute Pulmonary Edema  
HYPERTROPHY of LIVER

Other contributory causes of importance: HIRSCHSPRUNGS DISEASE (Congenital)

Name of operation Phys Exam Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Rich Hume M. D.  
(Address) Rich Hume, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-12

Date Filed 9-12-38

STATEMENT BY LICENSED EMBALMER

I, R. W. McConnell, Licensed Embalmer No. 1002

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed R. W. McConnell

Licensed Embalmer No. 1002

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.)