

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.

1933 JAN 20

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

44607
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 806
(b) Township Prarie Primary Registration District No. 4485 Registered No.
(c) City Quincy MO (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Susin Arni

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Arni (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1846

7. AGE YEARS 92 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house Work
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 Life

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

FATHER 13. NAME Daniel Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Mary Trutt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mary Arni
Quincy MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy Cem DATE Dec 30 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm H West
Quincy MO

20. FILED 12/30 1938 John Jones 97 Jones
Deputy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1938, to time of death, 1938.
I last saw him alive on 12-27 1939. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
43C

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) William O. O. O. , M. D.

(Address) Quincy, MO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-38-1048

Date Filed ~~6661~~ ~~1 NVE~~ JAN-16 1939

STATEMENT BY LICENSED EMBALMER

Wm A West

Licensed Embalmer No.

2882

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

My Self

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)