

JUN 15 1939

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

19190
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Mason Primary Registration District No. 3079 Registered No. 143
(c) City Hannibal (d) Street No. 407 South Griffith 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 Henry Nichols Arendt

(a) Residence, No. 407 South Griffith 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malise
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1846
7. AGE YEARS 92 MONTHS 4 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Pittsburg (STATE OR COUNTRY) Pennsylvania

13. NAME Daniel Arendt
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

15. MAIDEN NAME Catherine Bear
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. Rosa Stout (ADDRESS) 614 Union

18. BURIAL, CREMATION, OR REMOVAL PLACE Asburn, Mo. DATE May 2, 1939

19. FUNERAL DIRECTOR (NAME) Smiths Funeral Home (ADDRESS) Hannibal, Missouri

20. FILED May 1, 1939 W. C. Gisher Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 39
22. I HEREBY CERTIFY, That I attended deceased from Apr. 29, 1939 to Apr. 29, 1939
I last saw him alive on Apr. 27, 1939. Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Cystitis
Prostatitis
Arteriosclerosis
Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) A. B. Blue, M. D.
(Address) Hannibal, 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.

Dr. P. G. ...

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.....

..... **J. E. Marsh** **L. E. 3932**, Registered Apprentice No.....
working under my personal supervision.

Signed *Crawford Smith*.....

Licensed Embalmer No..... **3814**.....

P. O. Address..... **annibal 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, above space should be left blank.