

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

39094  
 Do not use this space.

DEC 11 1939

1. PLACE OF DEATH  
 (a) County Buchanan Registration District No. 85  
 (b) Township \_\_\_\_\_ Primary Registration District No. 1001 Registered No. 1228  
 (c) City St. Joseph (d) Street No. St. Joseph Hospital 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 55 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Arna Wurtzler  
 (a) Residence, No. 819 Powell 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) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred William Wurtzler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1864  
 7. AGE YEARS 75 MONTHS 1 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. own home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) Olney (STATE OR COUNTRY) Illinois  
 FATHER 13. NAME George W. Armsey  
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia  
 MOTHER 15. MAIDEN NAME Julia Adams  
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio  
 17. INFORMANT Miss Ida Wurtzler (ADDRESS) 819 Powell, St. Joseph, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Missouri  
 PLACE Mt. More Cemetery DATE November 29, 1939  
 19. FUNERAL DIRECTOR (NAME) Walter Meierhoffer (ADDRESS) 1302 Faraon Street, St. Joseph  
 20. FILED Nov 29 39 AJ Neettlebrink Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 27, 1939  
 22. Sept. 24 1939 to Nov. 27 1939  
 I HEREBY CERTIFY, That I attended deceased from  
 I last saw h. or alive on Nov. 27, 1939 Death is said to have occurred on the date stated above, at 12:30p.  
 The principal cause of death and related causes of importance were as follows:  
Rectal polypsis with carcinoma with change  
 Date of onset ?  
 Other contributory causes of importance:  
carcinoma of liver metastatic abscesses of multiple of liver  
Cholera thiasis -  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis by microscope as 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) S. P. Senor, M. D.  
 (Address) 722 1/2 Francis, St. Joseph

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.

DEC 5 1946

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**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.....

*H. H. Kelly*

Licensed Embalmer No. *Mo.* 3946

P. O. Address *St. Joseph, 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.**