

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40534

State File No.

DEC 18 1939

Registration District No.

Primary Registration District No.

3033

Registrar's No.

1. PLACE OF DEATH

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Rufus Arthur 636

8. (b) If veteran, ✓ name war _____ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 20 - 1858
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 29 If less than one day _____ hr. ✓ min.

9. Birthplace Pike Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farming

12. Name William Arthur

13. Birthplace Pike Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Henderson

15. Birthplace Pike Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W Arthur

(b) Address Louisiana Mo

17. (a) Burial (b) Date thereof 11/20/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View

18. (a) Signature of funeral director J. H. Taylor Jr

(b) Address Louisiana Mo

19. (a) 11/20/39 (b) J. H. Taylor Jr
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. 50 Main
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19
year 1939 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from 25 or 30 years, 1911-19 to 11-19 1939;
that I last saw him alive on 11-19 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary thrombosis

Due to Arteriosclerosis

Due to Senility

Other conditions 946

(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations _____

Of autopsy ✓

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence _____

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature J. H. Taylor Jr (M. D. number) _____

Address Louisiana Mo Date signed 11/20/39

RECEIVED

District Health Officer No. 10

District File Number 12-39-2053

Date Filed DEC 5 1939

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.....

George O. Wagner, Registered Apprentice No. ✓
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Mo.

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.