

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

**3321**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Pettis Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3032 Registered No. 16  
 (c) City Sedalia (d) Street No. Bothwell 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Charles S. Arnest

(a) Residence, No. 1017 E. 17th 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth S. Arnest

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 13, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 4 1

OCCUPATION 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.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

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

FATHER 13. NAME Joseph P. Arnest

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

MOTHER 15. MAIDEN NAME Sarah Connley

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

17. INFORMANT Mrs. Elizabeth S. Arnest  
 (ADDRESS) Sedalia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE MEM PARK DATE January 17, 1940

19. FUNERAL DIRECTOR (NAME) Gillaspie Funeral Home  
 (ADDRESS) Sedalia, Missouri

20. FILED Jan 16, 1940 Mrs. Harry Stiles  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 to Jan 14, 1940  
 I last saw him alive on Jan 14, 1940 Death is said to have occurred on the date stated above, at 8:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic Nephritis

Date of onset

?

3

Other contributory causes of importance:

Bronchial Pneumonia

Jan 14, 1940

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? Free drug there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? no  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Dr. Carlisle M. D. M. D.

(Address) Sedalia Mo.

FILED  
File Number  
of Health Officer No. 8,  
4/7/40

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 L. E. Boulton

Licensed Embalmer No. 3867

P. O. Address Seattle 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.