

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3285

State File No. 3285

Registrar's No. 52219

FILED JAN 30 1941
Registration District No. 7825

Primary Registration District No. 3034

1. PLACE OF DEATH

(a) County Hernando
(b) City or town Woodland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Woodland Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
In this community about 40 years

3. (a) PRINT FULL NAME Daniel Antone Arnsperger

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

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

6. (b) Name of husband or wife Annietta Arnsperger 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 13 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Ferdinand Arnsperger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Elmer Arnsperger

(b) Address Salisbury Mo

17. (a) Burial (b) Date thereof 12-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo. B. Muehlbauer

(b) Address Salisbury Mo

19. (a) 12/20/1941 (b) Irma Adve
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1941 hour 2:45 minute A.M.

21. I hereby certify that I attended the deceased from Dec 8, 1941, to Dec 18, 1941;
that I last saw him alive on Dec 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute appendicitis
Duration 10 hours

Due to 12/11

Due to

Other conditions Severe dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute appendicitis

Of autopsy ✓

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 X
(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 R. D. Streeton (M. D. or other) M.D.

Address Moberly, Mo Date signed Dec. 19

FEB 17 1942

RECEIVED

District Health Officer No. 10

District File Number 1-42-120

Date Filed JAN 15 1942

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 *Robert J. Ambrose*
Licensed Embalmer No. 39810

P. O. Address *Shiloh, 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.