

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18676

State File No. _____

Registrar's No. 179

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH

(c) County Pitts
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 412 E 6th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community Life years, months or days)

3. (a) PRINT
FULL NAME

Edgar E. Arnsved

3. (b) If veteran,
name war _____

3. (c) Social Security

491 No 07-4940

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

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

7. Birth date of deceased Dec 19 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 18 If less than one day
hr. min.

9. Birthplace Tamworth mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

12. Name E.E. Arnsved

13. Birthplace Pilot Grove mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Dora Queninger

15. Birthplace mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Arnsved

(b) Address Sedalia mo

17. (a) Burial (b) Date thereof 5/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Dillard

(b) Address Sedalia mo

19. (a) 5/9/42 (b) ma Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pitts 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 1
(d) Street No. 412 E 6th
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1942 hour 8 minute 30 A.M.

21. I hereby certify that I viewed the deceased from body of
5-7-42, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Self inflicted Duration
gun shot wound in
the left side of the chest

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 164 C

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

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

(b) Date of occurrence 5-6-42

(c) Where did injury occur? Sedalia Pitts mo
(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 shot gun

23. Signature Dr. J. Bishop (M. D. or other) 3

Address Sedalia mo Date signed 5-9-42

1022 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dist. Health Officer No. 8,
District File Number
Filed 5-23-42

SEP 16 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 L. E. Bouldin

Licensed Embalmer No. 9867

P. O. Address Seelatin 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, fact should be so stated above.