

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.

FILED OCT 10 1942

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

29664

Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 7
 (b) Township Luttre Primary Registration District No. 5033
 (c) City County (d) Street No. 1 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

Raphael Joseph Arens.
 (a) Residence, No. Rural St. 1
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF 11

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 9 -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) 1942 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) Mo.

13. NAME Therodore J Arens

14. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Christena Watts.

16. BIRTHPLACE (CITY OR TOWN) St. Charles Co. (STATE OR COUNTRY) Mo.

17. INFORMANT T. A. Arens. (ADDRESS) Martinsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Martinsburg Mo. DATE 9/8/42

19. FUNERAL DIRECTOR (NAME) K. B. Wells. (ADDRESS) Wellsville Mo.

20. FILED 9/18 19 42 Mary E Jacobi Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/6/42 19 42

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1942 to Sept 4, 1942
 I last saw him (alive on) Sept 4, 1942 Death is said to have occurred on the date stated above, at 1 a. m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset

Other contributory causes of importance: gfa

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) W. E. Bargesen (Address) Martinsburg, Mo.

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, My Self
....., Registered Apprentice No. 1588
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1588

P. O. Address.....

Hillsville 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.