

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30684

State File No.

Registrar's No.

FILED OCT 9 1942

Registration District No.

Primary Registration District No.

4270

55

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Dover
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Arth

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

4. Sex Ma. 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nannie Smith
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept. 15 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 15
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Arth
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Anna Yeager
15. Birthplace France
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie Arth
(b) Address Dover, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Dover, Mo.
18. (a) Signature of funeral director Winkler
(b) Address Lexington, Mo.

19. (a) Oct. 6-1942 (Date received local registrar) (b) Dr. W. A. Braeckle (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Dover
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1942 hour 4 minute 20 p.m.

21. I hereby certify that I attended the deceased from called in
opened capacity as coroner
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning, accidental
(coroner's verdict)
Body found in Missouri river
Due to 2 Whiles out of Dover, Mo. on
Sept 1-1942. Last seen on Aug 31-42
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN

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) accidental Drowning
(b) Date of occurrence Aug 30-1942
(c) Where did injury occur? Drowned at Dover, Mo. Lafayette Co
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Missouri River

1 While at work? no (Specify type of place) (e) Means of injury
23. Signature W. A. Braeckle (M.D. or other)
Address Dover, Mo. Date signed Sept 9-1942

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1189

OCT 9 1942

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 10-8-42

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.....

not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed

Ernest F. Mumpel

Licensed Embalmer No.

3245

P. O. Address

Lexington, 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.