S. No. 2
1—5-42
5-17-39
1 X32813

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

3073

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 5 1943 Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 220 W 16 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Years (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL") 4
(d) Street No. 220 W 16
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Fred Lester Arbogast
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 Grace Arbogast
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. 23 1887 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	2	19	hr. min.

9. Birthplace Conway Springs Kansas / (City, town, or county) (State or foreign country)
10. Usual occupation Tire Repair
11. Industry or business

MOTHER FATHER
12. Name John Arbogast
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Susan Muir
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred L Arbogast
(b) Address Sedalia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) 1-25-43 (Date received local registrar) mo Anna Enger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1943 hour 930 minute 5 M.
21. I hereby certify that I attended the deceased from Jan 21 1943 to Jan 22 1943 that I last saw h. alive on Jan 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	2da
Due to Myocarditis and Valvular disease	20yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature A L Walter MD (M. D. or other)
Address Sedalia Mo. Date signed 1-23-43

1022 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-4-43

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 H Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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.