

FILED DEC 22 1943

Primary Registration District No. **1002**

Registrar's No. **4995**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1723 No. Monroe**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether

In this community **20 Years**  
years, months or days)

3. (a) PRINT FULL NAME **Herman Arnet**

3. (b) If veteran, name war **1st**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **unk**

6. (b) Name of husband or wife **unk**

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Nov. 15 1861**  
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Norway**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Cabin Maker**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Arnet**

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

14. Maiden name **Do not know**

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

16. (a) Informant **A. J. Barnhardt**

(b) Address **815 Linwood**

17. (a) **Burial**  
(Burial, cremation or removal)

(b) Date thereof **Nov 27 43**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Maple Hill 15 C 15**

18. (a) Signature of funeral director **Passantino Bros**

(b) Address **Kansas City Mo**

19. (a) **11-27-43**  
(Date received local registrar)

(b) **D. E. Brown**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Mo.** (b) County **Jackson**

(c) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1723 No. Monroe**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24**  
year **1943** hour **7** minute **45** p.m.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
**Deputy Coroner**

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Arterio-sclerotic heart**

Due to \_\_\_\_\_  
**Disease.**

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) **93d**

Major findings: Of operations \_\_\_\_\_

Of autopsy **See Above**

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature **D. E. Brown** (M. D. or other)  
Address **25 McLeod** Date signed **11/26/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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... *Park G. Rowe* .....

Licensed Embalmer No. *2347* .....

P. O. Address *P. C. 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.**