. S. No. 2
OM—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4214C

Registration District No. 1 03 Primary Registration District No. 3018 Registrar's No. 167

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Salem
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether years, months or days)
In this community most of his life

2. USUAL RESIDENCE OF DECEASED: 33

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

3. (a) PRINT FULL NAME Daniel W. Arnett

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice Arnett 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May (Month) 30 (Day) 1885 (Year)

8. AGE: Years 58 Months 6 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Dent (City, town, or county) Co Mo (State or foreign country)

10. Usual occupation dairyman

11. Industry or business X

MOTHER FATHER
12. Name William Arnett
13. Birthplace - (City, town, or county) Tenn (State or foreign country)
MOTHER
14. Maiden name Jane Brigman
15. Birthplace - (City, town, or county) - (State or foreign country)

16. (a) Informant Alice Arnett
(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/19/43 (Month) (Day) (Year)
(c) Place: burial or cremation Zion / Cem.

18. (a) Signature of funeral director [signature]
(b) Address Salem Mo

19. (a) 12-18-43 (Date received local registrar) (b) Jas. O. McLeod by Wade (Registrar's signature)

1171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1943 hour 4 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1943 to Dec 16, 1943 that I last saw him alive on Dec 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis.	7 da.
Due to: Influenza.	12 da.
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 [signature] (M. D. or other)
Address Salem Mo Date signed 12/19/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
JAN 24 1944
District File Number 1442
Date Filed 1-4-44

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..... Carl H. Jensen

Licensed Embalmer No. 2370

P. O. Address..... Salem Me.

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.