

S. No. 2
M-2-43
5-17-39
I X35297

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3905

FILED FEB 8 1944

State File No. _____

Registration District No. 274

Primary Registration District No. 274

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Pettie
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 1 week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County _____
(c) City or town Danville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Arthur William Larson

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 single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1909
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Danville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Yard Clerk

11. Industry or business Rail Road Co.

MOTHER FATHER { 12. Name Alfred Larson
13. Birthplace Sweden
14. Maiden name Hillie Olson
15. Birthplace Sweden

16. (a) Informant A. E. Larson

(b) Address Danville Ill

17. (a) Removed (b) Date thereof Jan 22 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Danville Ill

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Sedalia MO

19. (a) Jan 22 1944 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22 year 1944 hour 10:30 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 15 1944 to Jan 22 1944 that I last saw him alive on Jan 21 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Selanus
Due to Gangrene both feet 10 days
Due to Frozen feet 10 days

Other conditions 190
(Include pregnancy within 3 months of death)

Major findings: 99
Of operations _____
Of autopsy _____

Duration

3 days

10 days

10 days

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) _____ 192

(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) (e) Means of injury _____

23. Signature Dr. Beecher (M. D. or other) _____

Address Sedalia MO Date signed 1/27/44

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

1022

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1944

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2 - 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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Federalia, 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.