

FILED FEB 9 1944

Registration District No. 291

Primary Registration District No. 2433

Registrar's No. 10

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME DANIEL W. ARBOGAST

3. (b) If veteran, name war - 3. (c) Social Security No. 517-16-8901

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife NEVA A 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JUNE 17 1887 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 6 25 hr. min.

9. Birthplace WEST LAFFETT OHIO (City, town, or county) (State or foreign country)

10. Usual occupation GOLD MINE OFFICER

11. Industry or business GOLD MINE

12. Name DANIEL ARBOGAST

13. Birthplace DON'T KNOW OHIO (City, town, or county) (State or foreign country)

14. Maiden name LEONA MILLER

15. Birthplace DON'T KNOW PENNSYLVANIA (City, town, or county) (State or foreign country)

16. (a) Informant NEVA ARBOGAST

(b) Address Unionville Mo

17. (a) BURIAL (b) Date thereof JAN. 16 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation UNIONVILLE CEMETERY

18. (a) Signature of funeral director COMSTOCK FUNERAL HOME

(b) Address Unionville Mo. By John D. Comstock

19. (a) 13/44 (b) 13/44 (Date received local registrar) (Date of death)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PuTnam
(c) City or town Unionville (If outside city or town limits, write "RURAL")
(d) Street No. 0 (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 JANUARY day 12 year 1944 hour 12:00 minute A.M.

21. I hereby certify that I attended the deceased from July 7 1943 to Jan 12 1944 that I last saw him alive on Jan 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Paternal regurgitation

Due to Paternal regurgitation

Due to 92 f

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - Of autopsy -

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) (e) Means of injury 0

23. Signature E. P. Montgomery (M.D. or other)
Address Unionville Mo Date signed 1-13-44

JAN 12 1946

RECEIVED

District Health Officer No. 10

File Number 2-4-365

Date Filed FEB 8 1944

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

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.