

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19213**

FILED JUN 30 1944
Registration District No. **3821944**

Primary Registration District No. **4474**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **SALINE**
(b) City or town **SWEET SPRINGS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **108 RAY**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **HEROLD DEAN ARNDT**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **1**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **LE** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **MAY 28 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 11 12 hr. _____ min.

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

10. Usual occupation **CHILD**

11. Industry or business **AT HOME**

12. Name **JAMES HUGO ARNDT**

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

14. Maiden name **HELEN HALL**

15. Birthplace **PETIS CO MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Arndt**

(b) Address **Sweet Springs Mo**

17. (a) **BURIAL** (b) Date thereof **MAY 12 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FAIRVIEW CEMETERY**

18. (a) Signature of funeral director **R. C. Carter**

(b) Address **Sweet Springs Mo**

19. (a) **MAY 12 1944** (b) **Mrs. Dora Hoffmann**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **SALINE**
(c) City or town **Sweet Springs**
(If outside city or town limits, write "RURAL")
(d) Street No. **108 Ray**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
year **1944** hour **9** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **May 10 1944** to **May 10 1944**
that I last saw him alive on **May 10 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
pneumonia Duration **5 da**

Due to **invasions** **1 wk**

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **A. H. Ringen** (M. D. or other) **Ringer**

Address **Sweet Springs Mo** Date signed **5-12-44**

RECEIVED

RECEIVED DIRECT MRS. R.

RECEIVED

Date Filed 4-7-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.