

FILED APR 6 1945

Primary Registration District No. 1000

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Flanagan's Nursing Home (2018 Francis Francis
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.
 In this community 4 Months
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Harrison
 (c) City or town Blythdale
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Swanson Henry Arrasmith
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 27
 year 1945 hour 12 minute 40 AM.
 21. I hereby certify that I attended the deceased from Jan. 24
1945 to March 26 1945
 that I last saw him alive on March 26, 1945
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dora
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased November 30 1864
(Month) (Day) (Year)

Immediate cause of death	Duration
<u>Cerebral Thrombosis</u>	<u>2 days</u>
<u>Due to Arterial Sclerosis, probably</u>	<u>7 yrs.</u>

8. AGE: Years Months Days If less than one day
80 3 27 hr. min.

Due to.....
 Other conditions Senility
(Include pregnancy within 3 months of death)

9. Birthplace Bethany Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Section Foreman
 11. Industry or business C. B. & Q Railroad
 12. Name William Arrasmith
 13. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Martha Bartlett
 15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant O. W. Pearson
 (b) Address Blythdale, Missouri
 17. (a) Removal Removal (b) Date thereof Mar. 27, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethany Missouri
 18. (a) Signature of funeral director Herman W. Schindler
 (b) Address 1802 Union St. St. Joseph, Mo.
 19. (a) 3-27-45 (b) Deed I Tucker
(Date received local registrar) (Registrar's signature)

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 Charles H. Werner (M. D. or other)
 Address 221 Kirkpatrick Bldg. Date signed 3/27/45

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SEP 20 1947

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

Keith Collier

Licensed Embalmer No.

3632

P. O. Address

St Joseph

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.