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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24539

State File No.

FILED JUL 30 1945

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 88

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Ritchey (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community all his Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Ritchey (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

3. (a) PRINT FULL NAME Arthur Largen

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 married

6. (b) Name of husband or wife Myrtle Largen

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May (Month) 4 (Day) 1883 (Year)

8. AGE: Years 62 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Near Monett (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Merchant Post master

11. Industry or business

FATHER
12. Name Rev. J. L. Largen
13. Birthplace (City, town, or county) N. Carolina (State or foreign country)

MOTHER
14. Maiden name Amanda Williams
15. Birthplace Pierce City (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Arthur Largen

(b) Address Ritchey, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-45 (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia 2002

18. (a) Signature of funeral director Thompson Funeral Home

(b) Address Neosho Mo

19. (a) 7-20-45 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov 13-1944 to July 20, 1945, to , 19 ; that I last saw him alive on July 19, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage Second stroke Hemorrhage left side brain	8 hrs
Due to	
Due to Arteriosclerosis	
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 R C Lawson M.D. (M. D. or other)

Address Neosho Mo Date signed 8/20/45

1110 (Licensed Embalmer's Statement on Reverse Side)

JUL 28 1945

SEP 18 1945

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.

RECEIVED JUL 26 1945

District Health Officer No. .....

District File Number 745-131

Date Filed JUL 26 1945

Signed Orling M Sungy

Licensed Embalmer No. 3566

P. O. Address 1020 E. 32nd St. Joplin

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.