

S. No. 2
M-5-42
7. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1945 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33860

State File No.:

Registration District No. 138 Primary Registration District No. 4219 Registrar's No. 7

13
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Hickory
(b) City or town Weaubleau
(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 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Hickory #3
(c) City or town Weaubleau (Rural) 0
(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 ALFA M Arent
3. (b) If veteran, name war no 3. (c) Social Security No. 700

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 25
year 1945 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 1943
19 to July 25, 1945:
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year) 3 1870

Immediate cause of death myocardial failure
Due to Age & General debility
Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
75 4 16 hr. min.
9. Birthplace Johnson County Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name J. W. Crocker
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Marrett Wilkerson
15. Birthplace MO (City, town, or county) (State or foreign country)

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 3

MOTHER FATHER
16. (a) Informant Charles Arent
(b) Address Weaubleau, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director Sibert & Thawley
(b) Address 11453
19. (a) Oct 22-1945 (Date received local registrar) (b) W. P. Hargiss (Registrar's signature)

23. Signature W. D. R. Easton (M. D. or other) W.D.
Address Weaubleau, MO Date signed.....

1453

(Licensed Embalmer's Statement on Reverse Side)

Oct. 20, 1945

RECEIVED
District Health Officer No. 71
Date Filed 10-45-1100
11-9-45

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 Chas. Gilbert Hathaway
Licensed Embalmer No. 4267
P. O. Address Wheatland, Md

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.