

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4131

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

FILED FEB 25 1946

5132

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 103
 (b) Township Clay Primary Registration District No. 4175
 (c) City Hornersville (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 1 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Russell Edward Arisman
 (a) Residence, No. Hornersville, Mo. St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-45
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 18
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hornersville, Mo.
 (STATE OR COUNTRY)

13. NAME John Arisman
 14. BIRTHPLACE (CITY OR TOWN) Ironkn, Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Heddie Lottie Vandiver
 16. BIRTHPLACE (CITY OR TOWN) Cash, Arkansas
 (STATE OR COUNTRY)

17. INFORMANT John Arisman
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hornersville grave yard DATE 2/6/46

19. FUNERAL DIRECTOR (NAME) John Arisman
 (ADDRESS)

20. FILED 2/8 1946 Bertha Kinschling
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4 19 46

22. I HEREBY CERTIFY, That I attended deceased from 12/17 1945 to 2/4 1946

I last saw him alive on 2/4 1946 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Atelectasis

Date of onset
1 month
18 days

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? 16/10 Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 2
 If so, specify _____
 (Signed) J. J. Collovit, M.D.
 (Address) Hornersville, Mo.

RECEIVED
District Health Office No. 2
District File Number 246-245
Date Filed 2-21-48

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, above space should be left blank.