

**FILED APR 19 1946**

Registration District No. **11**

Primary Registration District No. **4024**

Registrar's No. **23**

**1. PLACE OF DEATH:**

(a) County **Barry**  
(b) City or town **Leafield Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Barry County Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **11 days** (Specify whether)  
In this community **55 years** (years, months or days)

**3. (a) PRINT FULL NAME**

**OSCAR ANSLEM ARFSTRÖM**

**3. (b) If veteran,**

name war **World War I**

**3. (c) Social Security**

No. \_\_\_\_\_

**4. Sex**

**M**

**5. Color or**

race **W**

**6. (a) Single, widowed, married,**

divorced **married**

**6. (b) Name of husband or wife**

**Minnie Arfstrom**

**6. (c) Age of husband or wife if**

alive **46** years

**7. Birth date of deceased**

**Jan**

**27**

**1891**

(Month)

(Day)

(Year)

**8. AGE:**

Years

Months

Days

If less than one day

**55**

**2**

**7**

hr.

min.

**9. Birthplace**

**Purol City**

(City, town, or county)

**Mo**

(State or foreign country)

**10. Usual occupation**

**Farmer**

**11. Industry or business**

**Farmer**

**12. Name**

**John Arfstrom**

**13. Birthplace**

**Sweden**

(City, town, or county)

(State or foreign country)

**14. Maiden name**

**Hathorn Mondy**

**15. Birthplace**

**Sweden**

(City, town, or county)

(State or foreign country)

**16. (a) Informant**

**Minnie Arfstrom**

**(b) Address**

**Purol City Mo**

**17. (a)**

**Burial**

**(b) Date thereof**

**April 5 1946**

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

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

**Purol City**

**18. (c) Signature of funeral director**

**W. L. Williams**

**(b) Address**

**Purol City Mo**

**19. (a)**

**April 9-1946**

**Grace Williams**

(Date received local registrar)

(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Barry**  
(c) City or town **Purol City**  
(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 \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **3**  
year **1946** hour **6:15** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **Mar. 8**  
**1946**, to **April 3**, **1946**.  
that I last saw him alive on **April 2**, **1946**,  
and that death occurred on the date and hour stated above.

**Immediate cause of death**

**Pulmonary Embolism**

**Due to**

**Post Operative**

**Due to**

**Other conditions**  
(Include pregnancy within 3 months of death)

**Major findings:**

**Of operations**

**Chronic Pancreatitis**

**Of autopsy**

**Duration**

**4 days**

**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** **Leona Newman** (M. D. or other) **M.D.**

Address **Cassville Mo** Date signed \_\_\_\_\_

RECEIVED  
District Health Officer No. 6,  
District File Number 446-462  
Date Filed APR 16 1946

MAY 27 1946

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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 \_\_\_\_\_

Edwin P. Wilks, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Edwin Wilks

Licensed Embalmer No. 4131

P. O. Address Pine City

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.