

FILED MAY 14 1946

Registration District No. 2-1

Primary Registration District No. 6228

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Stotesbury
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no street address
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon / 08
(c) City or town Stotesburg
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from
Apr 24 1946 Apr 28 1946
that I last saw him alive on Apr 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage 4 days
Due to Hypertension 3 yrs
Due to _____

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.

3. (a) PRINT FULL NAME William Warren Arendt

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 Sophia M Arendt 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased August 7, 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Gettysburg, Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Jacob Arendt

13. Birthplace Gettysburg, Penn
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Arendt

15. Birthplace Gettysburg, Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil Arendt
(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cresent Hill, Adrian Mo

18. (a) Signature of funeral director Konantz Mort ar y

(b) Address Fort Scott, Kansas

19. (a) May 4/46 (b) Bertha Simple
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Wm H. Allen (M. D. or other) _____
Address Home No Date signed 4/30/46

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

14387

RECEIVED

Dist. of Kan. No. 7,
4-46-434
Date Filed 5-13-46.

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 Glen W. Hammons

Licensed Embalmer No. 4109

P. O. Address It. Scott, Kansas

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.