7. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24509

Registration District No. 256 Primary Registration District No. 5879 Registrar's No. 12

1. PLACE OF DEATH:
(a) County: Osage Co Benton Township
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether In this community years, months or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Osage 76
(c) City or town: Chamois, Mo. Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Fredereka Sundermeyer
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex: Female / 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive/deceased ____ years
7. Birth date of deceased: Jan (Month) 11 (Day) 1860 (Year)
8. AGE: Years 86 Months 6 Days 11 If less than one day 16 hr. 30 min.
9. Birthplace: Warren Co. Mo Rural (City, town, or county) ____ (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: ____
FATHER 12. Name: Henry Arnemeyer
13. Birthplace: Warren Co Mo Rural (City, town, or county) 0 (State or foreign country)
MOTHER 14. Maiden name: Minnie Lengen
15. Birthplace: Warren Co, Mo, Rural (City, town, or county) 0 (State or foreign country)
16. (a) Informant: Fred Sundermeyer
(b) Address: Chamois, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Evang Cemetery Chamois Mo.
18. (a) Signature of funeral director: Otto T. Stokrick
(b) Address: Chamois, Mo.
19. (a) 7-27-46 (Date received local registrar) (b) Esther Sonder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 11/11/43 to 7/24/46 that I last saw her alive on 7/24/46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Circulatory Failure	Minutes
Due to: Acute Cardiac Dilatation	Minutes
Due to: Arteriosclerotic Heart Disease with sudden strain of vomiting as the superimposed factor.	Years
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? ____
While at work? ____ (Specify type of place) (e) Means of injury ____
23. Signature: Leon Bastian (M.D. or other) D.O.
Address: Morrison Missouri Date signed 7/26/46

254 (Licensed Embalmer's Statement on Reverse Side)

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

2520

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 7-30-46

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 Otto T. Stocksick

Licensed Embalmer No. 21902

P. O. Address Chamois, Mo.

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.