

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3737887
State File No.

Registrar's No. 426

Filed Nov 25 1946

Primary Registration District No. 3052

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 minutes
(Specify whether
in this community. Entire Life
years, months or days)

3. (a) PRINT
FULL NAME Emil Arens

3. (b) If veteran, name war World War I
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Gussie Moore Arens
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 18 1894
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 20
If less than one day
hr. _____ min. _____

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook & Waiter

11. Industry or business _____

12. Name Theodore Arens
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Angeline
15. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Arens
(b) Address Sedalia Mo.

17. (a) Burial (b) Date thereof Nov. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery
McLaughlin Bros.

18. (a) Signature of funeral director Sedalia, Missouri
(b) Address _____

19. (a) 11-8-46 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia Rural
(If outside city or town limits, write "RURAL")
(d) Street No. County Home Georgetown Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1946 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 7 1946, to Nov 8 1946
that I last saw him alive on Nov 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Cardiac Asthama

Due to _____

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.

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 [Signature] Address Sedalia Mo Date signed Nov 8-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-23-46

DEC 9 1946

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, fact should be so stated above.