

FILED FEB 10 1947  
Registration District No. 29

Primary Registration District No. 5272

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town rural - Park  
(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 6.8 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian  
(c) City or town rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Billings R#1  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Louis Arndt

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 Mary Arndt 6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Feb. 11 - 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name Fredrick Arndt 4

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

14. Maiden name unknown

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

16. (a) Informant Freda Arndt 1

(b) Address Billings - Mo. R#1

17. (a) burial (b) Date thereof Jan 27 - 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smart Cem.

18. (a) Signature of funeral director J.W. Maples

(b) Address Clever, Mo.

19. (a) Jan 28, 1947 (b) Mrs. Aline Dreier  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1947 hour 6 minute 42 P. M.

21. I hereby certify that I attended the deceased from Jan 5, 1947, to Jan 24, 1947, that I last saw him alive on Jan 24, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to arteriosclerotic kidney

Due to Hypertensive arteriosclerotic cardio-renal disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 930

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 U

23. Signature Charles A. Spears (M. D. or other) MD

Address Billings, Mo Date signed 1-28-47

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

22  
3

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RECEIVED

District Health Officer No. 6,  
District File Number 247-195  
Date Filed EEB6 1947

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*J.W. Maples*

Licensed Embalmer No. 2985

P. O. Address Cleaver 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.**