

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13975**

Registration District No. **172**

Primary Registration District No. **3034**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County **Lafayette**
(b) City or town **Higginsville**
(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. **28 years** (Specify whether years, months or days)
In this community **28 years**

3. (a) PRINT FULL NAME **Minnie L. Arfmann**

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 **Married**

6. (b) Name of husband or wife **John M. Arfmann** 6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **November 27 1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **4** Days **5** If less than one day hr. min.

9. Birthplace **Sollitt, Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Fred Lutterman**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Minnie Meyer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Arfmann**
(b) Address **Higginsville, Mo.**

17. (a) **Burial** (b) Date thereof **April 5 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Higginsville, Mo.**

18. (a) Signature of funeral director **as of 1947**
(b) Address **Higginsville, Mo.**

19. (a) **4-5-1947** (b) **Dayton H. Landrum**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette** **54**
(c) City or town **Higginsville, Mo.** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **208 West 22nd St.** **1**
(If rural, give location) **0**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2nd** day **April**
year **1947** hour **12-45P** minute **M.**

21. I hereby certify that I attended the deceased from **Mar 23**
to **Apr 2** 19 **47**
that I last saw him alive on **Apr 2** 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio renal disease on 2 yrs with general aneurysm. 24**
Due to

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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) (c) Means of injury
23. Signature **W. H. Landrum** (M. D. or other)
Address **Higginsville Mo** Date signed **4/3/47**

154 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

District File Number

Date Filed

4-16-47

APR 21 1947

SEP 8 1955

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

working under my personal supervision.

Signed

James A. Pickens

Licensed Embalmer No. 4284

Higginsville, Missouri

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.