. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1492

FILED FEB 4 1948

Registration District No. 1486

Primary Registration District No. 2001

Registrar's No.

49
2
5

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 832 Pennsylvania
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Fifty years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 832 Penn. 5
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles H. Arcularius

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Aug. (Month) 27 (Day) 1868 (Year)

8. AGE: Years 79 Months 4 Days 15 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Banker

FATHER
12. Name Charles Arcularius
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Caroline Harney
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Miss Amy Arcularius
(b) Address 832 Pennsylvania, Joplin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year) Mo.
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Parker Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 1-7-48 (Date received local registrar) (b) Dolores Lampkins D.R. 124 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1948 hour 5: minute 45 P. M.

21. I hereby certify that I attended the deceased from 11-10, 1947, to 1-12, 1948;
that I last saw him alive on 1-11, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the rectum — Duration 11/10/47

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46 P

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address Joplin Mo. Date signed 1/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-63

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.