No. 2
1/47
17.39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3450

Registrar's No. 24

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days)
In this community: 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: 999
(c) City or town: Great Bend
(If outside city or town limits, write "RURAL")
(d) Street No.: Rt. 3
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: ARNHART, Roger B
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Amanda
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: January 11, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	11	4	hr. min.

9. Birthplace: Barry County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER 12. Name: Unk
FATHER 13. Birthplace: " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unk
FATHER 15. Birthplace: " (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VA Hosp. Jeff. Brks. Mo.
17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof: 1/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Great Bend, Kansas
18. (a) Signature of funeral director: C. Hoffmeister U&L Co.
(b) Address: 7814 S. Bdwy. St. Louis, Mo.
19. (a) 1-5-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 4 year: 1948 hour: 11:45 minute: A. M.
21. I hereby certify that I attended the deceased from December 23, 1947 to January 4, 1948; that I last saw him alive on January 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: LYMPHOEPITHELOMA, GENERALIZED	
Due to: -	
Due to: -	
Other conditions: - (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: No Autopsy performed	

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: L.E. Stilwell (M. D. or Coroner)
Address: Jefferson Barracks, Mo. Date signed: 1/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

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.