

National Office of Vital Statistics

FILED JUN 18 1948

Registration District No. **324**Primary Registration District No. **3072**Registrar's No. **120**

1. PLACE OF DEATH:

(a) County **Saline**
 (b) City or town **Marshall, Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **472 S. Redman**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Life** (Specify whether)

In this community **Life**
 years, months or days

3. (a) PRINT FULL NAME **OTIS EDWARD ARNDT JR.**

3. (b) If veteran, **-** 3. (c) Social Security No. **-**
 name war **-**

4. Sex **m** 5. Color or race **w**
 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife **-** 6. (c) Age of husband or wife if alive **-** years
 7. Birth date of deceased **May - 17 - 1948**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	18	- hr. - min.

9. Birthplace **Marshall Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **-**11. Industry or business **-**

12. Name **Otis Edward Arndt**
 13. Birthplace **Waterloo Mo**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Barbara Ethel Mason**
 15. Birthplace **Saline Mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Otis Edward Arndt**
 (b) Address **Marshall Mo**

17. (a) **Burial** (b) Date thereof **6-6-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation **Ridge Park Cem. Marshall Mo**

18. (a) Signature of funeral director **Harry Herschinger**
 (b) Address **Marshall Mo**

19. (a) **6-7-1948** (b) **Sidney T. Gray**
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Saline 97**
 (c) City or town **Marshall "Rural"**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **6 mi N.E.**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **-**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
 year **1948** hour **6** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **June 4**
4 19 **48** to **June 14** 19 **48**
 that I last saw him alive on **June 4** 19 **48**
 and that death occurred on the date and hour stated above. **Duration**

Immediate cause of death **Broncho Pneumonia 7 days**

Due to **-**Due to **-**

Other conditions **-**
 (Include pregnancy within 3 months of death)

Major findings: **117**Of operations **-**Of autopsy **-**

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? **-**While at work **-** (Specify type of place)(e) Means of injury **-**23. Signature **Sidney T. Gray** (M.D. or other)Address **Marshall Mo** (City, town, or county)

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 6-17-48

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 _____

was not embalmed

Registered Apprentice No. _____

working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.