

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 22

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-111

22135

State File No.

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural Liberty  
(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 Lifetime  
years, months or days

3. (a) PRINT FULL NAME Henry William Arnzen

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M O 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alida Arnzen 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Sept. 30 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 10 5 hr. min.

9. Birthplace Leopold Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name William Arnzen

13. Birthplace Germany 1  
(City, town, or county) (State or foreign country)

14. Maiden name Cecilia Shevenau

15. Birthplace Leopold Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alida Arnzen

(b) Address Lutesville, Mo. Route #1

17. (a) Burial (b) Date thereof Aug. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glennon, Mo.

18. (a) Signature of funeral director Baker Funeral Home

(b) Address Lutesville, Mo.

19. (a) August 6-48 (b) William Newburgh  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger 9  
(c) City or town Rural O  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lutesville, St. 1 O  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5th  
year 1948 hour 1:00 minute 55 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on 8/4/48, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cardiac Decompensation

Due to Carcinoma descending colon, metastasis to liver & prostate

Due to \_\_\_\_\_

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN

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) (e) Means of injury \_\_\_\_\_

23. Signature John J. Myers (M. D. or other) BO

Address Lutesville, Mo. Date signed 8/5/48

RECEIVED

Health Officer No. 4

Number 848-10

Date Filed 8-11-40

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. C. Graham

Licensed Embalmer No. 4010

P. O. Address Lutserville, 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.