

FILED SEP 22 1948 23

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Foster
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Foster
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 65 yrs.
In this community 65 yrs.
years, months or days

3. (a) PRINT FULL NAME David Howard Arbogast

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 W 2
6. (b) Name of husband or wife Rosetta Melvina Arbogast 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased April 1 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 5 Days 10 If less than one day --- hr. --- min.

9. Birthplace Bloomington Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business -----

12. Name Emanuel Arbogast
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name WYLER
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Roberts

(b) Address Foster, Missouri

17. (a) Burial (b) Date thereof 9-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Culver-Underwood

(b) Address Butler, Missouri

19. (a) Sept 18 1948 (b) Fern H. Mayfield
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Foster 0
(If outside city or town limits, write "RURAL")
(d) Street No. Foster 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 14, 1942 to September 11, 1948
that I last saw him alive on September 9, 1948, 19 ---
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 3 days

Due to Arterio-Sclerosis and Hypertention

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

Major findings: 83 A
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? 2

While at work: ----- (Specify type of place) Means of injury 2

23. Signature Amoret, Missouri Date signed 9-13-48

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1113
Date Filed 9-21-48

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.....

Robert D. Steinbech....., Registered Apprentice No. 200
working under my personal supervision.

Signed.....

John G. Chelmar
Licensed Embalmer No.....

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.