REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6469
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin — Registration District No. 295
(b) Township Meramec — Primary Registration District No. 5412 — Registered No.
(c) City Stanton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 76 yrs. 2 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 652 James Marion Armistead
(a) Residence, No. Stanton, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Dora Armistead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 7, 1862

7. AGE — YEARS: 76 — MONTHS: 2 — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Sawyer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanton Missouri

FATHER
13. NAME Thomas J. Armistead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenneessee.

MOTHER
15. MAIDEN NAME Elizabeth Parks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spring Bluff Missouri.

17. INFORMANT (ADDRESS) Roy Armistead Stanton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanton DATE Jan. 29 1939

19. FUNERAL DIRECTOR (ADDRESS) Clyde Adams 268 Bourbon, Mo.

20. FILED Jan. 28, 1939 Edgar W. Lofton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1939, to Jan. 28, 1939
I last saw him alive on Jan. 27, 1939 Death is said to have occurred on the date stated above, at 6:35 A. M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset Jan. 24
Other contributory causes of importance:
Arteriosclerosis.

Name of operation None. Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. E. Ritchell, M. D.
(Address) St. Clair, Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Lafloon, Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 3394 or by Registered Apprentice No.

working under my personal supervision.

Signed Edgar W. Lafloon

Licensed Embalmer No. 3394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)