

REC'D MAR 23 1939

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

Do not use this space.

1. PLACE OF DEATH(a) County Warren(b) Township Warrenton(c) City WarrentonRegistration District No. F81Primary Registration District No. 4534Registered No. 12

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 652 Ordis Gregg Armstrong(a) Residence, No. _____ St. (If nonresident, give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS****MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to Feb. 26, 1939I last saw him alive on Feb. 26, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1914

The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>4</u>	<u>15</u>	

Suffocation - due to inspissated vomitusDate of onset 2:26 a.m. 39

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

Other contributory causes of importance: VAH12. BIRTHPLACE (CITY OR TOWN) Rush Hill, Mo.13. NAME Harry Gregg Armstrong14. BIRTHPLACE (CITY OR TOWN) near Rush Hill, Mo.15. MAIDEN NAME Ethel Feutz16. BIRTHPLACE (CITY OR TOWN) Rush Hill, Mo.17. INFORMANT Mr. Harry Armstrong,
(ADDRESS) Laddonia, Mo.18. BURIAL PLACE Laddonia, Mo. DATE Feb. 28, 193919. FUNERAL DIRECTOR (NAME) F.W. NIEBURG & SON
(ADDRESS) WARRENTON, MO.20. FILED March 1, 1939 A. W. Gehring
Local Registrar.Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____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) A. H. Ebermann, M. D.
Address Warrenton, Mo.

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

John F. Nieberg

Licensed Embalmer No.

3897

P. O. Address

Warrenton,

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, above space should be left blank.