

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40922

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 314 East Porter St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution All her life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Rachel Virginia Armentrout

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Peter C. Armentrout 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March 8th, 1849
(Month) (Day) (Year)

8. AGE: Years 90 Months 8 Days I If less than one day hr. min.

9. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business ✓

12. Name James Kiser
13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Nancy E. Lewis
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. James
(b) Address 314 E. Porter St. Marshall
17. (a) Burial (b) Date thereof Nov. 10, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cem.

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall, Mo.

19. (a) 11-10-39 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 314 East Porter
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9
year 1939 hour 12 minute 20 M.

21. I hereby certify that I attended the deceased from Sept 16, 1939, to Nov 9, 1939;
that I last saw her alive on Nov 8, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic diffuse glomerulonephritis with chronic mitral insufficiency Duration
Due to and generalized arterial atherosclerosis ?
Due to _____

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations 121 PHYSICIAN
Of autopsy _____ 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 D. H. Manning (M. D. or other) 1
Address Marshall, Mo. Date signed 11/14/39

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/20/39

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 H. Rums
Licensed Embalmer No. 1171
P. O. Address Marshall M

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.