DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7850

State File No.

FILED MAR 18 1940

Registration District No. 12

Primary Registration District No. 5953

Registrar's No.

1. PLACE OF DEATH
(a) County Putnam
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Richland Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Richland Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Helen Armstrong

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jacob Armstrong

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May (Month) 1 (Day) 1858 (Year)

8. AGE: Years 81 Months 10 Days 4 If less than one day hr. min.

9. Birthplace Athens Co. (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name Uriah Townsend
13. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Margaret Seaman
15. Birthplace Athens Co (City, town, or county) Ohio (State or foreign country)

16. (a) Informant's own signature Norma A. Jeffers
(b) Address Unionville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 20 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Thompson Cemetery

18. (a) Signature of funeral director J. M. Comstock
(b) Address Unionville Mo.

19. (a) March 18 1940 (Date received local registrar) (b) Eunice Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 13, 1940 to March 15, 1940 that I last saw her alive on March 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (a) Cardio-Renal Disease	9
Due to	1
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) By Means of injury

23. Signature J. M. Hartman (M. D. or other)
Address Unionville, Mo Date signed 3-21-40

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 1 X19511

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 3-40-694
Date Filed MAR 16 1940

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.....

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, above space should be left blank.