

Registration District No. 410

Primary Registration District No. 4243

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Levington Ave Jasper Mo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 42 years
years, months or days

3. (a) PRINT FULL NAME John Herbert Armstrong
 (b) If veteran, name war _____
 8. (c) Social Security No. 719-12-4677

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Dec. 10th 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>4</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace Rock Hill Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Hauling Mills

12. Name John Armstrong

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Dora Elmore

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Armstrong

(b) Address Jasper Mo

17. (a) Burial (b) Date thereof Apr. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Shas Yeeter

(b) Address Jasper Mo

19. (a) Apr. 24 1940 (b) Clara E. Barnes
(If received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Jasper
(If outside city or town limits, write "RURAL")
 (d) Street No. Levington Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
 year 1940 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 1939 to April 10 1940;
 that I last saw him alive on April 10 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 4 wks

Due to Chronic nephritis with hypertension Duration 8 mo

Due to _____ Duration 1/4

Other conditions Central nervous system
(Include pregnancy within 3 months of death)
syphilis (tabo-parvix)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

4 wks

8 mo

1/4

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? _____

855 While at work? (Specify type of place)
 Means of injury _____

23. Signature Charles A. Shell Jr. (M. D. or other) M.D.

Address Jasper, Mo Date signed 4/11/40

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

40-5-6.

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 _____

Fred D. James

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Fred D. James

Licensed Embalmer No. _____

3140

P. O. Address _____

Jasper Mo

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.