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7-39
X21492

SEP 18 1940
Registration District No. **89**

Primary Registration District No. **5131**

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether)

In this community 652
years, months or days

3. (a) PRINT FULL NAME Frances Mae Armstrong

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 **6. (b) Name of husband or wife** Infant

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

7. Birth date of deceased August 2, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Arthur Armstrong

13. Birthplace Poplar Bluff, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Sears

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

16. (a) Informant Arthur Armstrong

(b) Address Poplar Bluff, Mo

17. (a) _____ **(b) Date thereof** _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartman

18. (a) Signature of funeral director none

(b) Address

19. (a) 8/3/40 **(b)** Chluen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Route #3
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1940 hour 3:07 minute p M.

21. I hereby certify that I attended the deceased from August 3, 1940 to August 3, 1940
that I last saw her alive on August 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure
all abdominal contents
though the embolism
present

Due to _____

Due to congestive heart failure

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Major findings: no fluid

Of operations _____

Of autopsy _____

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? no

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

23. Signatory Chluen (M. D. or other) _____

Address Poplar Bluff, Mo Date signed 8-5-40

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.