

**FILED JAN 8 1941**  
Registration District No. **3**

Primary Registration District No. **3006**

Registrar's No. **270**

**1. PLACE OF DEATH:** **2**

(a) County Boone

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

(c) Name of hospital or institution:  
314 High St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo  
(Specify whether years, months or days)

In this community 29 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Boone

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

(d) Street No. 514 High St  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** EMMA ARMSTRONG

**3. (b) If veteran, name war** None **3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** J. B. Armstrong **6. (c) Age of husband or wife if alive** Deceased years

**7. Birth date of deceased** Nov 9 1865  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>1</u>	<u>5</u>	hr. min.

**9. Birthplace** Barren County, Ill  
(City, town, or county) (State or foreign country)

**10. Usual occupation** At Home

**11. Industry or business** \_\_\_\_\_

**12. Name** John Ritchey **9**

**13. Birthplace** Unknown Ill  
(City, town, or county) (State or foreign country)

**14. Maiden name** Mary Reynolds

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

**16. (a) Informant** Mrs. Neal Burgess

**(b) Address** Columbia, Mo 514 High

**17. (a)** Burial **(b) Date thereof** Dec 16/40  
(Burial, cremation, or removed) (Month) (Day) (Year)

**(c) Place: burial or cremation** Columbia, Mo

**18. (a) Signature of funeral director** [Signature]

**(b) Address** Columbia, Mo

**19. (a)** 12/16/40 **(b)** Allie Selby  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec day 14  
year 1940 hour 7 minute 12 P. M.

**21. I hereby certify that I attended the deceased from** Oct 1940 to Dec 14 1940  
that I last saw her alive on Dec 13 1940  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Myocardial infarction  
Duration ?

**Due to** 66th

**Other conditions** Adenoma of thyroid  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

**Major findings:**  
Of operations \_\_\_\_\_  
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?** \_\_\_\_\_

**74**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

**23. Signature** S. O. Burgess (M. D. or other) **!**

**Address** Columbia **Date signed** 12/16/40

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

0  
3  
7

**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, fact should be so stated above.**