

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **15306**Registration District No. **604**Primary Registration District No. **5802**

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County **New Madrid**
(b) City or town **Rural near town**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution **4 mo** (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **George Lee Armstrong**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased **March 26-1915**
(Month) (Day) (Year)

8. AGE: Years **25** Months **10** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Mo** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**11. Industry or business **James Armstrong**

12. Name **James Armstrong**

13. Birthplace **Jackson Tenn**
(City, town, or county) (State or foreign country)

14. Maiden name **James Armstrong**

15. Birthplace **Cent Know Mo** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Geneva Spencer**

- (b) Address **Crugg City MO**

17. (a) **Burial** (b) Date thereof **3-2-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Rossignol Cyn**

18. (a) Signature of funeral director **Wm. H. Smith**

- (b) Address **Kennett MO**

19. (a) **3/26/41** (b) **Wm. H. Smith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **MO** (b) County **New Madrid**

- (c) City or town **Rural L. L. Hovins**
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **1st**
year **1941** hour **10** minute **30** - M.

21. I hereby certify that I attended the deceased from **1-31-41**
19____, to **2-1**, 19____

that I last saw him alive on **1-31-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Acidosis**Due to **Typhus fever**Due to **133**

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **W. H. Smith** (M. D. or other) **0**Address **New Madrid Mo** Date signed **2-1-41**

NDV 28 1944

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.