

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19173**

Registration District No. **815**

Primary Registration District No. **6064**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County. **Scott**
(b) City or town. **Rural- Sandywood Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1 mi. West of Diehlstadt/
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community. **Since birth**
years, months or days)

3. (a) PRINT FULL NAME. **James Rex Armsby**

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

4. Sex. **Male (1)** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 10 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 5 hr. min.

9. Birthplace **Diehlstadt Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business **Infant**

MOTHER { 12. Name. **Alvie Armsby**
13. Birthplace. **Randolph Co. / Arkansas**
(City, town, or county) (State or foreign country)
FATHER { 14. Maiden name. **Erlie Weaver**
15. Birthplace. **White Co. / Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Alvie Armsby**
(b) Address. **Diehlstadt, Mo.**

17. (a) **Burial** (b) Date thereof. **5-16-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **Blodgett, Missouri**

18. (a) Signature of funeral director. **Lair-Nunnelee**
(b) Address. **Charleston, Missouri**

19. (a) **5-20-41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County. **Scott** / **101**
(c) City or town. **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **1 mi. W. of Diehlstadt**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15th.**
year **1941** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to **May 11**, 19**41**;
that I last saw him alive on **May 11**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Congenital Heart Defect
2. Acute Pharyngitis
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) **157 1/2**

Major findings: Of operations **no**
Of autopsy **no**
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) **no**
(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**

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

23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **Charleston** Date signed **5-21-41**

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

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

Not Embalmed

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.