

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25408

Primary Registration District No. 5618

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Laclede
(b) City or town Rural Osage Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oakland 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 1 year 5 months 27 days
years, months or days)

3. (a) PRINT FULL NAME MILDRED JOY NELLE ARMSTRONG

3. (b) If veteran, name war _____ 3. (c) Social Security None

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

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

7. Birth date of deceased January 18 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 5 27 hr. min.

9. Birthplace Laclede County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harold Armstrong

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

14. Maiden name Agnes Dandless

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

16. (a) Informant Harold Armstrong

(b) Address Oakland Missouri

17. (a) Burial (b) Date thereof July 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Home Cemetery

18. (a) Signature of funeral director PALMER'S

(b) Address 4 Eganon Mo

19. (a) 7/16/41 (b) L. M. Conner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County LACLEDE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. OAKLAND MO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1941 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 12, 1941 to July 15, 1941;
that I last saw him alive on July 12, 1941;
and that death occurred on the date and hour stated above.
Immediate cause of death enteritis

Due to Error in feeding

Due to 119-0

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

Major findings:

Of operations _____

Of autopsy _____

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?

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

23. Signature J. E. Berage (M. D. or other) _____
Address Labanon, Mo Date signed 7/16/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 81411292
Date Filed 8/12/41

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.