

FILLED SEP 5 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28418  
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 342  
(b) Township Lincoln Primary Registration District No. 5484  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 5  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Thomas Armstrong  
(a) Residence, No. Omville Armstrong Grant City MO  
(Usual place of abode, if no street address, write county or city (If decedent, give city or town and State))

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Blanchard  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3, 1854  
7. AGE YEARS 86 MONTHS 07 DAYS 00 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retard Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Form  
10. Date deceased last worked at this occupation (month and year) 10 years 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayson County, Ill.

13. NAME John Armstrong  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Nancy Morris  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Omville Armstrong  
Grant City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waver Chapel DATE Aug 2 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Anderson  
Grant City Mo

20. FILED 8-1 1941 Chas Adair  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1941

22. I HEREBY CERTIFY That I attended deceased from Feb 30 July 30 1941

I last saw him alive on July 30 1941. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation of heart

Date of onset 1935

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Spinal fluid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. Rose MD, M. D.

(Address) Grant City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*John Andrews Jr*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....  
*John Andrews Jr*

Licensed Embalmer No. *4211*

P. O. Address *Grant City*

**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.**