

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED FEB 11 1942 STANDARD CERTIFICATE OF DEATH

2874

State File No.

N

Registration District No. 561

Primary Registration District No. 5755A

Registrar's No.

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town ELDON SALINE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME MILLIE MARIA ARMSTRONG

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID.

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

7. Birth date of deceased MAR. 26 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 10 hr. min.

9. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name ALFRED BOAN
13. Birthplace ILL. 1
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET MARTIN
15. Birthplace ILL. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Armstrong

(b) Address Eldon, Mo.

17. (a) Burial (b) Date thereof 1-8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woods Cemetery

18. (a) Signature of funeral director Phillips & Sons
(b) Address Eldon, Mo.

19. (a) 1-8-42 (b) No. 10
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MILLER
(c) City or town ELDON "RURAL"
(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 JAN day 6 year 1942 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from April 1 1941 to 1/7 1942
that last saw her alive on 1/6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Chronic Myocarditis ?
Chronic Colitis ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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 G. D. Wallace (M. D. or other) Eldon, Mo.
Address Date signed 1/8/42

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

RECEIVED
Miller County Health Dep't
County File Number 42-3
Date Filed 2/5/42

Not Embalmed.

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.