

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14455

State File No.

FILED MAY 23 1942

Registration District No. 272

Primary Registration District No. 4719

Registrar's No. 31

400

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

1. PLACE OF DEATH:

(a) County: Holt

(b) City or town: Rural, Holt County, Farm
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lewis sup
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

3. (a) PRINT FULL NAME: David Armstrong

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

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife: Unknown 6. (c) Age of husband or wife if alive: deceased

7. Birth date of deceased: March 24 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months I Days I If less than one day ..hr. ..min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: Carpentering

12. Name: Crawford Armstrong.

13. Birthplace: Georgia.

14. Maiden name: Cosinde Armstrong.

15. Birthplace: Georgia. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Frank Weston

(b) Address: Mound City, Mo.

17. (a) Burial (b) Date thereof: April 26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Hope Cemetery.

18. (a) Signature of funeral director: W. C. Crawford

(b) Address: Mound City, Mo.

19. (a) 426-42 (b) Paulene Lawson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Knox

(c) City or town: Oregon
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26 year 1942 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Apr 1 1942 to Apr 26 1942 that I last saw him alive on Apr 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute indigestion Duration: 2 hrs

Due to: Senility 5 yrs

Due to:

Other conditions: 11813
(Include pregnancy within 3 months of death)

Major findings: None

Of operations: None

Of autopsy: None

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) (e) Means of injury: 0

23. Signature: Spoochandler (M. D. or other) 0

Address: Oregon, Mo. Date signed: 4-26-42

1185 (Licensed Embalmer's Statement on Reverse Side)

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.....

H. H. Crawford

Licensed Embalmer No.....

1824

P. O. Address.....

Mound City Mo

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.