. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17948

FILED JUN 10 1942

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 370

39
2
6

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mary T. High. Rest Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)

In this community: Several Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene 39

(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2 6

(d) Street No. 635 S Robbinson (If rural, give location) 0

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

If yes, name country: none

3. (a) PRINT FULL NAME: Elizabeth T. Armstrong

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F.M. 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: Dec years

7. Birth date of deceased: Feb (Month) 7 (Day) 1858 (Year)

8. AGE: Years: ✓ 84 | Months: 3 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Macks.creek (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER
12. Name: Wm. Pettigrew
13. Birthplace: unknown (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name: Mary Phillips
15. Birthplace: unknown (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant: Bent Armstrong
(b) Address: 1020. W. Webster

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May. 11. 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Shilo. Cemetery
Dunn Funeral Home

18. (a) Signature of funeral director:
(b) Address: Springfield Mo

19. (a) 5-11-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 th year 1942 hour 3.50 minute a M.

21. I hereby certify that I attended the deceased from 5.7.42, 19__ to 5.10.42, 19__; that I last saw her alive on 5. 7.42, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myo-carditis	Don't know
Due to	
Due to	
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) (e) Means of injury 0

23. Signature: J. D. Murrick (M. D.)
Address: Springfield, Mo. Date signed 5.11.42

984 (Licensed Embalmer's Statement on Reverse Side)

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~~ .....

....., Registered Apprentice No. ....., working under my personal supervision.

Signed. Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Springfield 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.