

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18287

FILED JUN 13 1942 48
Registration District No.

Primary Registration District No. 5609

State File No.
Registrar's No.

1. PLACE OF DEATH:

(a) County Lebanon
(b) City or town Lebanon R.R. #1
(c) Name of hospital or institution: Lebanon Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community Nearly 40 years
years, months or days

3. (a) PRINT FULL NAME William W. Armstrong

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

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

6. (b) Name of husband or wife Husband (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Apr 24 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 13 Days 13 If less than one day hr. min.

9. Birthplace Westville Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name William Armstrong

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

14. Maiden name Wickerson

15. Birthplace V.O.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gladys L. Bennett

(b) Address Lebanon, Mo. R.I.

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

(c) Place: burial or cremation Caledonia Cemetery

18. (a) Signature of funeral director E. M. Stewart

(b) Address Lebanon Mo.

19. (a) May 18-42 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Leclade
(c) City or town Lebanon Township
(If outside city or town limits, write "RURAL")
(d) Street No. 53
(If rural, give location)
(e) Citizen of foreign country? 40 years or more (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

10. DATE OF DEATH: Month May day 17
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 22
1942 to April 9 1942
that I last saw him alive on April 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure Duration

Due to acute heart failure

Due to mitral & aortic valvular lesions

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

Major findings:
Of operations 92

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)
(r) Means of injury _____

23. Signature Austin R. Kraus (M. D. or other) P.O.
Address Lebanon, Mo. Date signed 5/18/42

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

RECEIVED

~~District Health Officer No.~~.....
~~District File Number~~...6-42-86.....
Date Filed.....6-10-42.....

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 E. N. Stewart
....., Registered Apprentice No.
working under my personal supervision.

Signed E. N. Stewart
Licensed Embalmer No. 15855
P. O. Address Libanon 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.