

24044

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 13 1942

Registration District No. 39

Primary Registration District No. 5227

Registrar's No. 114

1. PLACE OF DEATH: Cass
(a) County Cass
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution L
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution L (Specify whether
In this community V years, months or days)

8. (a) PRINT FULL NAME Paris M. Armstrong
8. (b) If veteran, L name war L
8. (c) Social Security No. L

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paris Armstrong
6. (c) Age of husband as wife if alive 64 years
7. Birth date of deceased July 22-1876
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days 9
If less than one day L hr. L min.

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

10. Usual occupation Home Maker

11. Industry or business _____

12. Name Putnam Ray Bayne
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Christina Pence
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Paris Armstrong

(b) Address Harrisonville, Mo

17. (a) Burial (b) Date thereof 8/2/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Aug. 2, 1942 (b) Margaret Velle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 19
(a) State Mo (b) County Cass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 3/4 miles N.E. Harrisonville
(If rural, give location)
(e) If foreign born, how long in U. S. A. L years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 23 minute 59 M.

21. I hereby certify that I attended the deceased from June 1942
June 25 to July 31, 1942
that I last saw her alive on July 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
and Coronary Sclerosis

Due to Arterial Hypertension
Coronary Sclerosis

Due to _____

Other conditions 92 lb
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

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) (Means of injury) _____

23. Signature David S. Long (M. D. or other) _____

Address Harrisonville Mo Date signed 8-1-42

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

APR 5 1951

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 Ernest Remmenburger

Licensed Embalmer No. 33680

P. O. Address Harrisonville 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, above space should be left blank.