

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Rural, Smiawan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 mi. South of Odessa Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 85 yr. 7 mo. 12 da.  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Lee Anderson Armstrong

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife Pitzer Armstrong 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 9 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace near Odessa Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired - Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Tyree Anderson  
13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann Marie Lee  
15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. T. Armstrong  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof July 23 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Cem.

1. (a) Signature of funeral director Shirley Lane

(b) Address Odessa Mo.

19. (a) July 21-1942 (b) Mrs W. T. Baker  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 mi. South of Odessa Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1942 hour 18 minute 4 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1942, to July 21, 1942  
that I last saw him alive on July 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Dysentery

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations no operation

Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? no injury  
(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 M. Martin (M. D. or other)

Address Odessa Mo Date signed 7/24/42

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

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 8-10-42

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**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. 275-8

P. O. Address Odessa, 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.