V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27259

State File No.

Registration District No. 142 Primary Registration District No. 5556 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Mountain View Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Howell
(c) City or town Mountain View Mo (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sweden.

3. (a) PRINT FULL NAME John R. Armstrong
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Armstrong
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug 3 1868 (Month) (Day) (Year)
8. AGE: Years 74 Months = Days 6 If less than one day hr. min.
9. Birthplace Sweden (City, town, or county) (State or foreign country)
10. Usual occupation Minister
11. Industry or business
FATHER 12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mamie Armstrong
(b) Address Mountain View Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13-42. (Month) (Day) (Year)
(c) Place: burial or cremation Mtn View Mo.
18. (a) Signature of funeral director John F. Inman
(b) Address Mtn View Mo
19. (a) Aug 12 1942 (Date received local registrar) (b) Ruth Hunt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9 year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from ~~and~~ He died very suddenly, 19 to , 19
that I last saw him alive on Aug 1 , 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure | Duration
Due to Rupture of aneurism of abdominal aorta
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. R. Terrill (M. D. ~~or other~~)
Address Mtn. View Mo, Date signed 8/12/42

1105

(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 John A. Duncan

Licensed Embalmer No. 2516

P. O. Address .....

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.