S. No. 2
—1-4-41
5-17-43
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10652

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

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

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 MONTHS (Specify whether
In this community 75 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County LACLEDE
(c) City or town LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No. 216 SPILLER AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John J. 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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 27 (Day) 1859 (Year)

8. AGE: Years 84 Months 8 Days 14 If less than one day hr. min.

9. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Charles Hughes
(b) Address Lebanon Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation LEBANON MO
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON
19. (a) 2-15-43 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
year 1943 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 12, 1942, to Feb 11, 1943, that I last saw h alive on 1-30, 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)
Address Lebanon Mo. Date signed 2/13/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Laclede County Health Unit

District File Number 2-43-23

Date Filed 3-16-43

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 Dellyn Dethrage

Licensed Embalmer No. 4533

P. O. Address Lebanon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.