

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17265  
State File No. \_\_\_\_\_  
Registrar's No. 64

FILED MAY 25 1943

Registration District No. 10

Primary Registration District No. 5037

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Rural, Saltriver  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at Farm east limits of Mexico  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT James B. Armstrong  
FULL NAME

3. (b) If veteran, None 3. (c) Social Security  
name war. None No. None

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased December 9, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 4 17 hr. \_\_\_\_\_ min.

9. Birthplace Monroe County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Agent

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

12. Name William Armstrong

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

14. Maiden name Aurelia Salling

15. Birthplace Ralls County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Grace Armstrong

(b) Address Phoenix, Arizona.

17. (a) Burial (b) Date thereof April 29, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director T. E. R. R. R.

(b) Address Mexico, Mo.

19. (a) 4/26/43 (b) Margaret H. Macken  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 213 W. Jackson St.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26  
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death of find that the  
deceased came to his  
death by natural  
causes heart attack  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(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)  
(e) Means of injury \_\_\_\_\_

23. Signature E. B. Butler (M. D. or other)  
Mexico, Mo. Date signed 4/24/43

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

MOTHER FATHER

JUN 1 1943

AUG 25 1943

RECEIVED

District Health Officer No. 10

District File Number 5-43-932

Date Filed MAY 21 1943

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.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht.....

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.