S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17672

Registration District No. 77 — Primary Registration District No. 3016 — Registrar's No. 103

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Penitentiary Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cole

(c) City or town: Algoa Reformatory
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Ezell Armour

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: Male

5. Color or race: Negro

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: January (Month) 19 (Day) 1925 (Year)

8. AGE: Years 18 | Months 3 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace: Augusta, Ark. (City, town, or county) — (State or foreign country)

10. Usual occupation: Farm hand.

11. Industry or business .....

FATHER
12. Name: Henry Armour
13. Birthplace: Unknown (City, town, or county) — (State or foreign country)

MOTHER
14. Maiden name: Cora Davis
15. Birthplace: Unknown (City, town, or county) — (State or foreign country)

16. (a) Informant: Prison records.

(b) Address: Algoa Reformatory, Jefferson City, Mo.

17. (a) (Burial, ~~cremation, or~~ removal) (b) Date thereof: 5-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Blytheville, Ark

18. (a) Signature of funeral director: [signature]

(b) Address: Jefferson City, Missouri

19. (a) 5-19-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1943 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from March 4th., 1943 to May 18th., 1943 that I last saw him alive on May 18th., 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to: Tuberculosis	
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: [signature] (M. D. or other) PXX

Address: 626 Jefferson Date signed: 5-18-43

894 (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 Ferdl Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.