

Registration District No. 582

Primary Registration District No. 4380

1. PLACE OF DEATH:

(a) County Howard
(b) City or town Armstrong
(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 None
In this community 60 years (all her life) (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Armstrong
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 12
year 1943 hour 8 minute 01 P M.

21. I hereby certify that I attended the deceased from 3-4 to 4-1, 1943
that I last saw her alive on 4-1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to Arteriosclerosis

Duration

3 1/4

Due to _____
Other conditions (Include pregnancy within 3 months of death) Alb. Hemiplegia

Major findings: 730
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Harrison (M. D.)
Address Armstrong, Mo. Date signed 4/4/43

3. (a) PRINT FULL NAME Pearl Inhoof

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

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

6. (b) Name of husband or wife George H. Inhoof 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 4 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 27 If less than one day 4 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Neal Griffin

18. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kate Shumaker

15. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Inhoof
(b) Address Armstrong, Missouri

17. (a) Burial (b) Date thereof 4/4/1943
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge

18. (a) Signature of funeral director A. H. Chalker
(b) Address 7/143

19. (a) 7/143 (b) A. H. Chalker
(Date received local registrar) (Registrar's signature)

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

15
0
0

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-9-43

APR 18 1957

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

A. H. Oldaker

Registered Apprentice No. 1667

working under my personal supervision.

Signed

A. H. Oldaker

Licensed Embalmer No. 1667

P. O. Address Ann Arbor, MI

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.