

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19212

ED JUN 7 1943 3 2

Primary Registration District No. 4489

Registrar's No.

1. PLACE OF DEATH:

(a) County. Scott
(b) City or town. Vanduser
(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. life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Louise Armstrong

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife. James A. 6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased Nov. 4, 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Scott Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Rufus Bowman
13. Birthplace Scott Co., Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Lavina
15. Birthplace Scott Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Armstrong
(b) Address Vanduser, Mo
17. (a) Burial (b) Date thereof May 12, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Morley, Mo

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston, Mo.

19. (a) May 17-43 (b) Mrs. Wm. J. Koster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Vanduser
(If outside city or town limits, write "RURAL")
(d) Street No. NO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1943 hour 7 minute 45 a.m.

21. I hereby certify that I attended the deceased from 5/10 to 5/10 1943
that I last saw her alive on 5/9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Vascular Hypertension (1941)

Other conditions Endocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8301
Of autopsy 8301

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 J. A. Cline (M: D: or other)
Address Oran Date signed 5/14/43

(Licensed Embalmer's Statement on Reverse Side)

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

1042

RECEIVED

District Health Office No. 2,

District File Number 643-743

Date Filed 6-3-43

OCT 21 1956

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.....

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address.....

Sikeston 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.