

Registration District No. 30

Primary Registration District No. 5105

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town "Rural" Union Twp.  
(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. \_\_\_\_\_ (Specify whether  
In this community 17 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. Union Twp.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29  
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Apr. 20 1943 to June 29 1943  
that I last saw him alive on June 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion 1 hr  
Duration

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature James J. Logan (M. D. or other) M.D.  
Address Warsaw, Mo. Date signed 6/30/43

3. (a) PRINT FULL NAME George Britts Armstrong  
3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security  
name war Spanish-American No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Amma Cetta M. Armstrong  
6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased April 13 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>2</u>	<u>16</u>	hr. _____ min. _____

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

10. Usual occupation retired

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

MOTHER FATHER { 12. Name George W. Armstrong  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret E. Dunn  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Cetta Armstrong  
(b) Address R.F.D. Edwards, Mo.

17. (a) Burial (b) Date thereof July 1, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bethel Camp Ground

18. (a) Signature of funeral director White-Reser  
(b) Address Warsaw, Mo.

19. (a) 6/30/43 (b) James J. Logan  
(Date received local registrar) (Registrar's signature)

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

JUL 20 1943

JUL 16 1943

RECEIVED

District Health Officer No. 7,

District File Number 6-43-607

Date Filed 7-2-43

JUN 22 1945

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.....

*Handwritten signature of Harold K. Karpis*

Licensed Embalmer No.....

3053

P. O. Address.....

Warsaw 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.