

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22216

FILED JUN 23 1943

Registration District No. 290

Primary Registration District No. 5-9874424

Registrar's No. 81

1. PLACE OF DEATH:

(a) County. Pulaski  
(b) City or town. Richland  
(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 years, months or days)

3. (a) PRINT FULL NAME IDA ARMSTRONG

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  
(b) Name of husband or wife J. W. Armstrong 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased June 28 1862 (Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 8 If less than one day hr. min.

9. Birthplace. Waynesville Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Alexander Bryan

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

14. Maiden name. Mary A. (City, town, or county) (State or foreign country)

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

16. (a) Informant. J. W. Armstrong

(b) Address. Richland Mo.

17. (a) Burial, cremation, or removal. Burial (b) Date thereof 6-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director. R. B. Dyer

(b) Address. Richland Mo.

19. (a) 6/17/43 (b) C. E. M. Dodd (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski  
(c) City or town Richland 85 (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 7 year 1943 hour 6 minute 0 P.M.

21. I hereby certify that I attended the deceased from May 1, 1943 to June 6, 1943 that I last saw him alive on June 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Palsy 1 mo  
Due to unknown

Due to 83a  
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 place) Means of injury

23. Signature. C. E. M. Dodd (M. D. Seal)  
Address. Richland Mo. 6/17/43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

1110 by Sylvia Dodd (Embalmer's Statement on Reverse Side)

RECEIVED  
Pulaski County Health Officer  
File Number 6-43-80  
Date Filed 6-21-43

Date Filed

1.  $\frac{1}{2} \frac{1}{2} \frac{1}{2}$

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed

Licensed Embalmer No \_\_\_\_\_

**P. O. Address**

**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.