. No. 2
1—2-43
5-17-39
FILED SEP 7 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28373 State File No.

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Howell
(b) City or town Willow Springs
(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
In this community fifteen years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell
(c) City or town Willow Springs
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELIGE ARMSTRONG

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

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Fisher
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased January (Month) 29 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
78	6	11	hr. min.

9. Birthplace don't know (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer (retired)
11. Industry or business
FATHER
12. Name Don't know
13. Birthplace " " (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace " " (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ellen Armstrong
(b) Address Willow Springs, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/12/43 (Month) (Day) (Year)
(c) Place: burial or cremation Clear Springs ceme'
18. (a) Signature of funeral director J C Burns
(b) Address Willow Springs, Mo.
19. (a) 8-11-43 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1943 hour 12 15 minute A. M.
21. I hereby certify that I attended the deceased from May 1 st, 1943 to Aug 10, 1943
that I last saw him alive on Aug 10, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death chronic Asthma	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature S. J. Chenoweth (M. D. or other)
Address Willow Springs Date signed Aug 10

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 5,
District File Number 94335-15
Date Filed 8-3-43

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 J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Willow Springs, 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.