

FILED JAN 10 1944

Registration District No. 152

Primary Registration District No. 4241

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Oak Grove  
(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 50 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Susan E. ARMSTRONG

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex 1 5. Color or race 1 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm Armstrong 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan 3 1851  
(Month) (Day) (Year)

8. AGE: Years 92 Months 11 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Retired

12. Name Cruise

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

14. Maiden name Wilkerson

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

16. (a) Informant Wm Kimmson

(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof 12-26-43  
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Wm G. Blumstein  
(b) Address Oak Grove Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Oak Grove  
(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: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24, year 1943 hour 8:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from December 18, 1943 to December 24, 1943, that I last saw her alive on December 24, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia 24 hours

Due to Fracture of neck of femur 1 week

Due to Senility

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) Accidental fall

(b) Date of occurrence Dec. 19, 1943

(c) Where did injury occur? Oak Grove, Jackson, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Fall on steps

23. Signature Wm Kimmson (M. D. or other) \_\_\_\_\_  
Address Oak Grove, Mo. Date signed 12/27/43

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

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**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.....

*R. B. Clark*

Licensed Embalmer No.....

*2358*

P. O. Address.....

*Blue Springs*

**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.**

Registration District No. 152 Primary Registration District No. 424

1. PLACE OF DEATH:

(a) County Grocksong  
(b) City or town Oak Grove town  
(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 Susan E. 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 W

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. Year

7. Birth date of deceased. Jan 2 (Month) (Day) (Year)

8. AGE: Years 92 Months 11 Days 10 (If less than one day, min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address

19. (a) Dec. 27, 43 (Date received local registrar) (b) Mrs. Marion Sisten (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Dec Day 27 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19...; that I last saw him/her alive on 19...; and that death occurred on the date and hour stated above. Immediate cause of death

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)

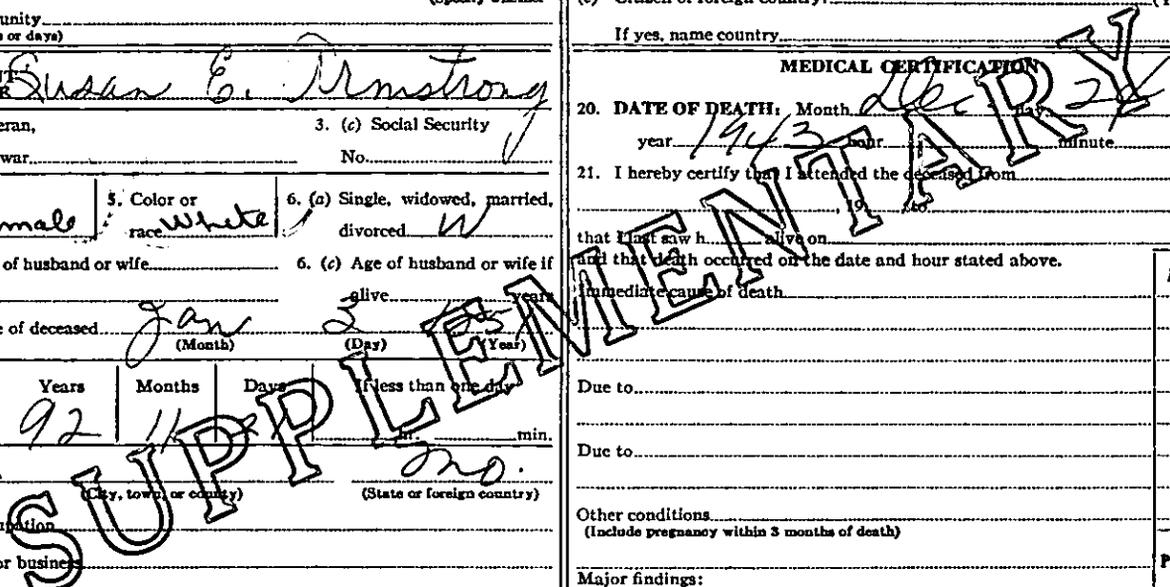
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature (M. D. or other)

Address Date signed

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



S-42472