

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1131 James St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1131 James St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Malissia Armitage

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife J. G. Armitage 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 15th, 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph Eagan

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

14. Maiden name Martha Ann Harrison

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

16. (a) Informant Mrs. Juanita Ayres

(b) Address 1131 James St. Carthage, Mo.

17. (a) Burial (b) Date thereof 1-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Jan. 4 '44 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2, year 1944 hour 5:20 minute P.M.

21. I hereby certify that I attended the deceased from Dec. 30, 1943, to Jan 2, 1944, that I last saw him alive on Jan 1, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to

Due to

Other conditions Petasis-Schurvis
(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 type of place) (c) Means of injury

23. Signature R. H. Webster (M. D. or other) Address Carthage, Mo. Day signed Jan 4 '44

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

MOTHER FATHER

1203

44-1-97

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

Ed [unclear]

Licensed Embalmer No. *2222*

P. O. Address *Carthage*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Feb.

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage
 (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 54 yr.
 years, months or days

3. (a) PRINT FULL NAME Mary M. Armitage
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced w
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 13
 (Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days _____ (less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 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) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (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 June Day 14 Year 1944 Hour 5:45 minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____;
 that I last saw h_____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Pneumonia
Broncho pneumonia
arteris sclerosa.
 Due to _____
 Due to _____
 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?

23. Signature R. H. Webster (M. D. or other) _____
 Address Carthage, Mo Date signed Feb 15 1944

SUPPLEMENTARY

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

PHYSICIAN

 Underline the cause to which death should be charged statistically.

3148