

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3768**

FILED FEB 14 1944

Registration District No. **257** Primary Registration District No. **3245** Registrar's No. **4**

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1120 North Main St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 3 years & 4 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Blanchard
(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 _____

3. (a) PRINT FULL NAME JOHN BOAL ARMSTRONG

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from Oct 2
1943 to Jan 5 1944
that I last saw him alive on Dec 28 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Anna Blair 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 23 1867
(Month) (Day) (Year)

Immediate cause of death Influenza
Chr Myocarditis
Chr Prostatitis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

8. AGE: Years 76 Months 9 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Joseph McKee Armstrong

13. Birthplace Westmoreland Co. Penn'a
(City, town, or county) (State or foreign country)

14. Maiden name Mary Boal

15. Birthplace Westmoreland Penn'a
(City, town, or county) (State or foreign country)

16. (a) Informant David M. Armstrong

(b) Address 1120 North Main, Maryville, Mo.

17. (a) Burial (b) Date thereof Jan 8 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blanchard, Mo.

18. (a) Signature of funeral director Ray Shell Funeral Home
(b) Address Maryville Mo

19. (a) 1-8-44 (b) Amy Barber
(Date received local registrar) (Registrar's signature)

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) _____ (e) Means of injury _____

23. Signature J.M. Boyles (M. D. or other) _____
Address Maryville Date signed 1-8-44

PHYSICIAN
Underline the cause to which death should be charged statistically.

1349

(Licensed Embalmer's Statement on Reverse Side)

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.....

William Campbell

Licensed Embalmer No. *2620*

P. O. Address..... *Manville, 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.