

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

10276

FILED APR 12 1944

Registration District No.

Primary Registration District No.

3002

Registrar's No.

37

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 311 N. Clark
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)
In this community 5 years

3. (a) PRINT FULL NAME Emma Armstrong

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

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

7. Birth date of deceased March 19, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name George Armstrong
13. Birthplace Shelby County, Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Luzia Switzer
15. Birthplace Knox County, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Armstrong
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/44
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Chas. A. ...
(b) Address Mexico, Mo.

19. (a) 3/14/44 (Date received local registrar) (b) Margaret H. Markie (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 311 N. Clark
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1944 hour 4 PM minute _____ M.

21. I hereby certify that I attended the deceased from 2-6
19 44 to 3-14 19 44
that I last saw her alive on 3-12 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of Left Breast

Due to

Due to

Other conditions
(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) _____
(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 John A. Owen (M.D. or other) DO
Address Mexico, Mo. Date signed 3-14-44

RECEIVED

District Health Officer No. 10

District File Number 4-44-812

Date Filed APR 11 1944

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

W. A. Arnold

Licensed Embalmer No. 3569

P. O. Address

Muskegon, Mich.

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.