

FILED APR 6 1944
Registration District No. 621947

Primary Registration District No. 5804

Registrar's No. 20

1. PLACE OF DEATH:

(a) County MONROE
(b) City or town RURAL - JACKSON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 MI. W. STOUTSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
40 YRS. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MI. W. STOUTSVILLE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN FRANKLIN ARMSTRONG

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

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

6. (b) Name of husband or wife LENA E. ARMSTRONG 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug. 30, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 22 hr. min.

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

10. Usual occupation FARMER

11. Industry or business

12. Name CHAS. E. ARMSTRONG

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

14. Maiden name ARDELIA VANCE
(City, town, or county) (State or foreign country)

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

16. (a) Informant John A. Armstrong

(b) Address Goss, Mo

17. (a) BURIAL (b) Date thereof 3-24-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE

18. (a) Signature of funeral director Speed & Slakey

(b) Address PARIS, MO.

19. (a) 3-23-44 (b) Thym Danton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 22
year 1944 hour 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Mar 1
1943 Mar 22 1944
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate Gland
Due to _____
Duration 2 1/2 yrs

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) (c) Means of injury
23. Signature M. C. Mc Murry (M.D. or other)
Address PARIS, MO. Date signed 3-23-44

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

9
5

RECEIVED

District Health Officer No. 10

File Number 4-44-677

Date Recd APR 4 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 A. B. Blakey,
Licensed Embalmer No. 2616
P. O. Address PARIS, 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.