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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22006

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 194

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
109A O'Fallon St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 109A O'Fallon St 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Clarence J. Armour

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 Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 24 (Day) 1877 (Year)

8. AGE: Years 66 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Chas Armour
13. Birthplace (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Ellen Grisham
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Mrs Clarence J. Armour
(b) Address Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-44 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Burial Park

18. (a) Signature of funeral director Jas. O'Donnell
(b) Address Hannibal Mo

19. (a) 6-7-44 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3
year 1944 hour minute 3 30 p M.

21. I hereby certify that I attended the deceased from Feb 3, 1944 to Feb 3, 1944
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	4 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 94a	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Glenn R. Miller (M. D. or other)
Address Hannibal Mo Date signed 6/7/44

1146

(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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hamilton Me

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.