

FILED JUL 20 1944

State File No. _____

Registration District No. 101

Primary Registration District No. 5409

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Douglas
 (b) City or town Ava Rural Miller
 (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 22 years (Specify whether _____)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
 (c) City or town Ava Rural 0
 (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

Raymond G. Armstrong

3. (b) If veteran, name war No

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Henreatta Armstrong 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased October 1, 1864
 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Artist

11. Industry or business _____

MOTHER FATHER { 12. Name Edmond A. Armstrong,

13. Birthplace Terrince of Ontario, Canada
 (City, town, or county) (State or foreign country)

14. Maiden name Henreatta Shaner

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

16. (a) Informant Miss Helen McLeod
 (b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 5-20-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 7-1-1944 (b) Mrs. G. R. Spurlock
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
 year 1944 hour 9 minute A M.

21. I hereby certify that I attended the deceased from May 18
1944 to only 19____;
 that I last saw him alive on May 18 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death he died disease of heart
he died yesterday

Due to _____

Due to _____

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) (e) Means of injury _____

23. Signature J. L. Gentry (M. D. or other) _____

Address Ava, Mo Date signed 5-22-44

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

3400

RECEIVED

District Health Officer No. 6,

District File Number 744-811

Date Filed JUL 13 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. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Osaka, 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.