

FILED OCT 13 1944
Registration District No. 1304

Primary Registration District No. 4244

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carterville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
120 N. Pine
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
 (c) City or town Carterville 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 120 North Pine Street 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 11

3. (a) PRINT FULL NAME Ellen Armstrong
 3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18
 year 1944 hour 12:10 minute A. M.
 21. I hereby certify that I attended the deceased from 3-20-44
 _____, 19____, to 9-18, 1944
 that I last saw h. et. alive on 8-5-, 1944
 and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Charley Armstrong 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 27 1867
(Month) (Day) (Year)

Immediate cause of death Apoplexy
 Due to _____
 Due to _____
 Other conditions 8-5- 1944
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
77 7 21 _____ hr. _____ min.

Major findings:
 -Of operations _____
 Of autopsy _____
 Duration _____

9. Birthplace Freemont, Ohio
(City, town, or county) (State or foreign country)
 10. Usual occupation housewife

11. Industry or business _____
 12. Name Phillip Anspach
 13. Birthplace no data no data
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah McNutt
 15. Birthplace no data 0
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Who 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 2

16. (a) Informant Son Ben Ensminger
 (b) Address Webb City, Mo.
 17. (a) Burial (b) Date thereof 9/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery
 18. (a) Signature of funeral director Hedge-Lewis
 (b) Webb City, Missouri
 19. (a) Sept 20 1944 (b) Mrs. Lillie Taylor
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] DO
 Address Carterville Mo Date signed 9/18/44

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

MOTHER, FATHER

1180

44-10-789

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 *E. M. Kelly*

Licensed Embalmer No. 2859

P. O. Address St. Louis, 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.