

FILED SEP 28 1944

State File No. ....

Registration District No. 290

Primary Registration District No. 1478

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Richland  
(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) 1

(d) Length of stay: In hospital or institution..... (Specify whether

in this community.....  
years, months or days)

3. (a) PRINT FULL NAME JAMES WILLIAM ARMSTRONG

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

4. Sex Male 5. Color or race wh 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 Sept 21 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 0 If less than one day hr. min.

9. Birthplace West Blaine Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business

12. Name John W Armstrong

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

14. Maiden name John & Dodson

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

16. (a) Informant Alfred Sellers

(b) Address Richland Mo

17. (a) Buried (b) Date thereof Aug 22-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Capituskoy

18. (a) Signature of funeral director Richland Mo

(b) Address Richland Mo

19. (a) 9-23-1944 (b) John W. Dodson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pulaski  
(c) City or town Richland  
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1944 hour 7 minute 9 A.M.

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

Immediate cause of death Fatty Degeneration of heart Duration 1 year

Due to myocarditis 10 years

Due to unknown

Other conditions. (Include pregnancy within 3 months of death) 93d

Major findings: Of operations.....

Of autopsy none

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 Everett A. Oliver (M. D. or other) MO

Address Richland Mo Date signed 8-21-44

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

**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. J. [Signature]*

Licensed Embalmer No. *3198*

P. O. Address *Richland*

**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.**