

FILED DEC 14 1944

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Campbell Mo. City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 42 yr. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin  
(c) City or town Campbell, Mo. (If outside city or town limits, write "RURAL") City  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LIZZIE ANN ARMOUR

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

4. Sex Female 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 April - 8 - 1875  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 22 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name S. D. Over

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

14. Maiden name Angeline Harris

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

16. (a) Informant Jan Armour

(b) Address Campbell, Mo.

17. (a) Burial (b) Date thereof 11-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Mo.

18. (a) Signature of funeral director Landis F. H.

(b) Address Campbell Mo.

19. (a) 11-10-1944 (b) Mrs. L. P. Oliver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 2, 1944, to Oct. 31, 1944, that I last saw him alive on October 31 and that death occurred on the date and hour stated above.

Immediate cause of death Hydrostatic pneumonia Duration \_\_\_\_\_  
Due to Senile Cachexia

Due to \_\_\_\_\_  
Other conditions 11c  
(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 2

23. Signature Dr. B. L. Franklin (Physician)  
Address Box 237 Campbell Mo. Date signed Oct. 31

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 1244-1629

Date Filed 12-13-44

---

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 Christina M. Lane

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.