

FILED APR 11 1945

State File No. _____

Registrar's No. 18

Registration District No. _____

Primary Registration District No. 5096

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler rural
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: Bates County Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether
In this community Missouri Life
years, months or days)

3. (a) PRINT

FULL NAME EMMA ARMSTRONG

3. (b) If veteran,

name war X

3. (c) Social Security

No. X

4. Sex F

5. Color or

race W

6. (a) Single, widowed, married,

divorced widowed

6. (b) Name of husband or wife

Norbert

6. (c) Age of husband or wife if

alive 1861 years

7. Birth date of deceased

Dec.

18

1861

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

83

2

28

hr.

min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name

no record

13. Birthplace

no record

(City, town, or county)

(State or foreign country)

14. Maiden name

no record

15. Birthplace

no record

(City, town, or county)

(State or foreign country)

16. (a) Informant

Bates County Home

(b) Address

Butler, Missouri

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

Mar. 19, 1945

(Month) (Day) (Year)

(c) Place: burial or cremation

Hume Mo. Cem.

18. (a) Signature of funeral director

Booth Funeral Home

(b) Address

Butler, Missouri

19. (a)

3-19-45

(Date received local registrar)

(b)

Pauline Thompson

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 4th & Cedar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1945 hour 8:40 minute _____ A.M.

21. I hereby certify that I attended the deceased from

Jan 10, 1945, to March 17, 1945

that I last saw him alive on March 10, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death

General Senility

Due to

Branch pneumonia

Due to

(Generalized)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

107

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

Charles V. Luten

(M. D. or other)

Address

Butler, Mo.

Date signed 3/19/45

RECEIVED

District Health Officer No. 71

File Number 3-45-216

Date Filed 4-10-43

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

John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.