. S. No. 2
0M—2-43
ev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16646

Registration District No. 14 Primary Registration District No. 4136 Registrar's No. 33-27

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Plattsburg Concord
(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 (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Plattsburg 23
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

(e) Citizen of foreign country? No 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Laura Dell Armstrong

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Frank Armstrong

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased February (Month) 3 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	10	hr. min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Rev. James Wesley Malotte
13. Birthplace Platte Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Emogene Eddy
15. Birthplace Holt Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Frank Armstrong
(b) Address Plattsburg, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 (Month) 15 (Day) 1945 (Year)
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Lyon Funeral Home
(b) Address Plattsburg, Mo.

19. (a) 5-16-45 (Date received local registrar) (b) Mrs A C Hartell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1945 hour 2 minute AM M.

21. I hereby certify that I attended the deceased from April 13, 1945, to May 13, 1945;
that I last saw her alive on May 12, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 da
Due to Hypertension	5 yrs
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W B Spalding (M. D. or other)
Address Plattsburg Mo Date May 14-45

1085

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1946

APR 1 1946

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 J G Lyon

Licensed Embalmer No. 952

P. O. Address Stewartsville

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.