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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1945

Registration District No. 3352

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18362

Primary Registration District No. 4489

Registrar's No. 8

1. **PLACE OF DEATH:**
(a) County Scott
(b) City or town Vanduser
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 60 yrs
(Specify whether years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Mo (b) County Scott 100
(c) City or town Vanduser 71
(If outside city or town limits, write "RURAL.")
(d) Street No. —
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES ALECK ARMSTRONG
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary L
6. (c) Age of husband or wife if alive —

7. Birth date of deceased Sept 4 (Month) 1861 (Day) (Year)

8. AGE: Years 83 | Months 6 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Carpenter (retired)

11. Industry or business

MOTHER FATHER
12. Name D K
13. Birthplace (City, town, or county) (State or foreign country) 9
14. Maiden name D K
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Maurice Armstrong
(b) Address Sikeston Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/23/45 (Month) (Day) (Year)
(c) Place: burial or cremation Morley Mo

18. (a) Signature of funeral director Wilbert F. Horne
(b) Address Sikeston Mo

19. (a) 4-26-45 (Date received local registrar) (b) Mrs. Wm Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar day 21
year 1945 hour 2 minute — A.M.

21. I hereby certify that I attended the deceased from ..., 1943, to Mar 21, 1945
that I last saw him alive on Mar 19, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chron. Endocarditis	2 yrs?
Due to 920	
Due to	
Other conditions (Include pregnancy within 3 months of death) Vascular Hypertension	?

Major findings:
Of operations No
Of autopsy No

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 J A Clune (M. D. or other)
Address Oran Mo Date signed 3/21/45

1142 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 545-153
Date Filed 5-15-45

OCT 21 1958

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.