

FILED JUL 2 1945
Registration District No. 2045

Primary Registration District No. 4318

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Vienna, Mo.
(b) City or town Vienna, Mo.
(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 _____
years, months or days

3. (a) PRINT FULL NAME

JOHN W ARMER

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 Married
6. (b) Name of husband or wife Rebecca Armer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 2 - 8 - 1850
(Month) (Day) (Year)

8. AGE: Years 95 Months 3 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name George Armer
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Armer

(b) Address Vienna, Mo.

17. (a) Buried (b) Date thereof 6-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried

18. (a) Signature of funeral director J. C. Cunningham

(b) Address Vienna, Mo.

19. (a) 6/14/45 (b) Ernest Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Vienna, Mo.
(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 June day 4
year 1945 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 12 to June 4, 1945
that I last saw him alive on June 4, 1945
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Senility

Due to _____

Due to _____

Other conditions.
(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) (c) Means of injury 2nd

23. Signature J. C. Seward (M. D. or other)

Address Vienna, Mo. Date signed 6/12/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-6-45

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

Licensed Embalmer No. 3664

P. O. Address Denney 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.