

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30892

Registration District No. 178

Primary Registration District No. 4286

State File No.

Registrar's No. 63

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town La Grange  
(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 49 Years  
years, months or days

3. (a) PRINT FULL NAME Caroline E. Armstrong

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 Ralph Armstrong 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased February 13th. 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 6 8 hr. min.

9. Birthplace 8 Jamacia, B.W. Indies  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name William Cary Clark  
13. Birthplace Jamacia, B.W. Indies 8  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Eden  
15. Birthplace Jamacia, B.W. Indies 8  
(City, town, or county) (State or foreign country)

16. (a) Informant R. W. Armstrong  
(b) Address La Grange, Missouri.

17. (a) Burial (b) Date thereof 8/23/45.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation La Grange, Missouri.

18. (a) Signature of funeral director [Signature]  
(b) Address La Grange, Missouri.

19. (a) 8/23/45 (b) R. W. Armstrong  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56  
(c) City or town La Grange 2  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1945 hour 6 minute 0 A.M.  
21. I hereby certify that I attended the deceased from Dec 5, 1944, to Aug 21, 1945;  
that I last saw him alive on Aug 19, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Unconscious  
Cornea

Due to Chronic Nephritis

Due to

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 13 W

Of autopsy

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 L Ellen (M. D. or other)  
Address La Grange, Mo Date signed 8/23/45

(Licensed Embalmer's Statement on Reverse Side)

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

76  
2  
0

987

RECEIVED

District Health Officer No. 10

District File Number 9-45-1389

Date Filed SEP 17 1945

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  
A.A. Roberts, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed



Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri

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.