

FILED JAN 25 1946

STANDARD CERTIFICATE OF DEATH

3163

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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
In this community 73 9 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ralph Waldo 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 Caroline E. Armstrong 6. (c) Age of husband or wife if 34 years
7. Birth date of deceased January 24th, 1872
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 0 If less than one day hr. min.

9. Birthplace La Grange Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farming

MOTHER FATHER { 12. Name George Armstrong
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Alice Washburn
15. Birthplace Lewis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr P J Coathrell

(b) Address Independence Mo.

17. (a) Burial (b) Date thereof 11/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Grange, Missouri

18. (a) Signature of funeral director J H Roberts

(b) Address La Grange, Missouri

19. (a) 11-30-45 (b) P W Jennings M D
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis
(c) City or town La Grange
(If outside city or town limits, write "RURAL")
(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 NOV day 24
year 1945 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from DEC 5, 1944, to NOV 24, 1945
that I last saw him alive on NOV 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

MITRAL REGURGITATION

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 Eddy M D (M. D. or other)

Address La Grange Mo Date signed 11/26/45

RECEIVED

District Health Officer No. 10

District File Number 1-46-99

Date Filed JAN 23 1946

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.