S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4412
State File No.

FILED FEB 15 1946
Registration District No.

Primary Registration District No. 4549

Registrar's No. 7

1. PLACE OF DEATH:
(a) County North
(b) City or town Allendale
(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 68 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County North
(c) City or town Allendale
(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

3. (a) PRINT FULL NAME Alfred Lafayette Armstrong
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 1 (Day) 1866 (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day hr. min.

9. Birthplace Christian Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name John Armstrong
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Carr
15. Birthplace unknown (City, town, or county) Ill (State or foreign country)

16. (a) Informant Ed Brown
(b) Address Allendale Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Letts Grove Cem

18. (a) Signature of funeral director Arch C. Dunfee
(b) Address Grant City, Mo.

19. (a) Jan 7-46 (Date received local registrar) (b) Leta E. Dawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1945 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 10, 1945 to 12-21, 1945
that I last saw h... alive on ..., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation of heart — Duration 2 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

92b

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 C. J. Hase M.D. (M.D. or other)
Address Grant City Mo. Date signed 1-2-46

345 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Jack C. Dunfee

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.