

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6270

MAR 15 1946

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Lafayette
 (b) City or town Lexington
 (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

Harvey Armstrong
 3. (b) If veteran, _____ 3. (c) Social Security
 name war _____ No. _____

4. Sex Male 2 5. Color or race Colored 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 Unknown 1876
 (Month) (Day) (Year)

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

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

10. Usual occupation Prisoner

11. Industry or business _____

12. Name Unknown 9

13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Hattie Walker

15. Birthplace Unknown Ky
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Hughes

(b) Address Higginville Mo

17. (a) Burial (b) Date thereof 2-19-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington Mo

18. (a) Signature of funeral director Green and Sons

(b) Address 204 So. 24 St. Lexington Mo

19. (a) 18 Feb. 1946 (b) Marion E. Eicher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
 (c) City or town Lexington 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. B 10th St 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No) 0
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from as Acting Coroner
 that I last saw the deceased on 2-16-1946 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute alcoholism
and heart disease
probably coronary occlusion

Due to _____

Due to _____

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy no 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)
 Means of injury car
 23. Signature W. M. Smith (M. D. or other)
 Address Idessa Mo Date signed 2-17-46

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 3-14-48

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 George W. Green

Licensed Embalmer No. 4220

P. O. Address Lexington, Ma

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.