

FILED APR 26 1946

Registration District No. **27**

Primary Registration District No. **4032**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Amsterdam**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 years** (Specify whether years, months or days)
In this community **45 years**

3. (a) PRINT FULL NAME **Fred A. Armentrout**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jennie Armentrout** 6. (c) Age of husband or wife if alive **20** years
7. Birth date of deceased **July** (Month) **20** (Day) **1872** (Year)

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

9. Birthplace **Sweet Springs Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **John T. Armentrout**
13. Birthplace **Saline Co. Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Sarah M. Wilson**
15. Birthplace **Lima Lake Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Jennie Armentrout**
(b) Address **Amsterdam Mo.**

17. (a) **Burial** (b) Date thereof **3-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sharon Cemetery**

18. (a) Signature of funeral director **Archer & Mangold**

(b) Address **Amsterdam Mo.**

19. (a) **3-29-46** (b) **L.A. Mangold**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Bates**
(c) City or town **Amsterdam**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **28**
year **1946** hour **4** minute **30** p. M.

21. I hereby certify that I attended the deceased from **March 21, 1946** to **March 28, 1946**;
that I last saw him alive on **March 21, 1946**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency**
Due to **Cardiac Dilatation**

Due to **Chronic Rheumatic Myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **930**

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) (e) Means of injury _____

23. Signature **W. J. Schubert** (or other) **20.2**
Address **Amaret, Missouri** Date signed **3-30-46**

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

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, ~~CCX~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... E.A. Mangold.....
Licensed Embalmer No..... 3610.....

P. O. Address..... Amsterdam 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.