. No. 2
—5-42
5-17-39
I' X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15681

FILED JUN 6 1946

Registration District No. 20 Primary Registration District No. 5080 Registrar's No. 13

1. PLACE OF DEATH:
(a) County BATES
(b) City or town RURAL — DEER CREEK
(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 years, months or days) In this community 4 WEEKS

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County MIAMI
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. TEN Mile - SOMERSET
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) NO
If yes, name country —

3. (a) PRINT FULL NAME ETHA MAY ARMSTRONG
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex F
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife FRANKLIN LEWIS ARMSTRONG
6. (c) Age of husband or wife if alive years
7. Birth date of deceased DEC. (Month) 24 (Day) 1875 (Year)

8. AGE: Years 70 Months 5 Days 3 If less than one day hr. min.

9. Birthplace ADRIAN. (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name GIBSON WHITE
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARY ELIZABETH [illegible] RITCHEY
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
16. (a) Informant WM H ARMSTRONG
(b) Address ADRIAN MISSOURI
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation LOUISBURG KANSAS
18. (a) Signature of funeral director Ward B Runyan
(b) Address Louisburg Kansas
19. (a) 5-29-46 (Date received local registrar) (b) Myra Owens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from May 11, 1946, to at death 5-26, 1946, that I last saw her alive on May 11, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of stomach	2 mo.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O L Colson M.D. (M. D. or other) Dr
Address Adrian Mo Date signed 5-26-46

16

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Distr... Office No. 7,
District 5-46-538
Date Filed 6-5-46

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 Ward B Runyan

Licensed Embalmer No. 3222

P. O. Address Louisburg Kansas

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.