

FILED JUN 6 1946

Registration District No. 20

Primary Registration District No. 5080

Registrar's No. 12

1. PLACE OF DEATH: BATES

(a) County BATES

(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEER CREEK 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether years, months or days)

In this community 2 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County MIAMI 991

(c) City or town RURAL 14
(If outside city or town limits, write "RURAL")

(d) Street No. MIDDLE CREEK 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2

If yes, name country _____

3. (a) PRINT FULL NAME FRANKLIN LEWIS ARMSTRONG

3. (b) If veteran, name war V

3. (c) Social Security No. _____

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ETHA MAY WHITE-ARMSTRONG 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased MARCH -20 -1871
(Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days 22 If less than one day _____ hr. _____ min.

9. Birthplace CASS COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name THOMAS EDWARD ARMSTRONG

13. Birthplace Hillsboro OHIO
(City, town, or county) (State or foreign country)

14. Maiden name MARY ELIZABETH SHACKELFORD

15. Birthplace CASS COUNTY OHIO
(City, town, or county) (State or foreign country)

16. (a) Informant W. A. Armstrong

(b) Address Adrian Missouri

17. (a) Burial (b) Date thereof 5-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOUISBURG, KANSAS

18. (c) Signature of funeral director W. B. Benjamin

(b) Address Louisburg, Kansas

19. (a) 5-11-46 (b) Myron Owens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____ 19 saw after death 5-11, 1946.
that I last saw h. alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Probably

Due to Failing Heart 6. med

Due to Cardiac Asthma 3 mo

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy gital

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) (c) Means of injury _____

23. Signature D. L. Colson (M. D. or other) DO
Address Adrian Mo Date signed 5-11-46

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

RECORDED

District No. 10

District No. 546-537

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. Kuyper*

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.