

FILED JUN 25 1946

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles West Oran, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 10 days

3. (a) PRINT
FULL NAMEForrest Armes

3. (b) If veteran,

name war None

3. (c) Social Security

No.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased October 22 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 8 16 hr. min.

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

10. Usual occupation Mine Worker

11. Industry or business

12. Name Everett Armes

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

14. Maiden name Birdie Kelley

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

16. (a) Informant William Kelley

(b) Address West Frankfort Ill.

17. (a) Burial (b) Date thereof 6/10/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Frankfort Ill.

18. (a) Signature of funeral director Taylor Funeral Home

(b) Address Sikeston, Mo.

19. (a) 7-2-46 (b) C. J. Dickman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 997
(c) City or town West Frankfort
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased Held Inquest
from June 9, 1946

that I last saw him alive on June 9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Compound Scull FractureDue to Gunshot Wound

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Orville Taylor Coroner

Address Sikeston, Mo. Date signed 6/9/46

OCT 21 1948

JUL 23 1945

RECEIVED

District Health Office No. 2,

District File Number 646-204

Date Filed 6-20-46

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.....

Licensed Embalmer No. 4399

P. O. Address Poplar Bluff

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. July
Registrar's No. _____

Registration District No. 335

Primary Registration District No. 6118

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Rural
(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 Forest Armer

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____

7. Birth date of deceased: Oct 22
(Month) (Day) (Year)

8. AGE: Years 25 Months _____ Days _____ If less than one day
_____ hr. _____ min.

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

10. Usual occupation Sheet Worker

11. Industry or Business _____

12. Name Everett Armer

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

14. Maiden name Bridget Kelley

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

16. (a) Informant William Kelley

(b) Address West Frankfort Ill

17. (a) _____ (b) Date thereof 6-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Frankfort Ill

18. (a) Signature of funeral director Jay Taylor

(b) Address Sikeston Mo

19. (a) 7/2/46 (b) W. P. Schmitt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
Year 1946 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19 _____

that I last saw him _____ alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Compound

Scull fracture

Gunsight wound

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 sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence June 8, 1946

(c) Where did injury occur Scott Mo

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

On Farm

(Specify type of place)

(e) Means of injury Gunsight

23. Signature Orville Taylor (If D. of others)

Address Sikeston, Mo Date signed _____

MOTHER, FATHER

62-18

22422