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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22860

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Caldwell
(b) City or town: Hamilton
(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) 75 yrs
In this community: 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Caldwell
(c) City or town: Hamilton Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: L
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: L

3. (a) PRINT FULL NAME: THOMAS HARLAN ARMSTRONG
3. (b) If veteran, name war: ✓
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katherine Jane
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: 10 (Month) 17 (Day) 1870 (Year)
8. AGE: Years 75 Months 8 Days 2 If less than one day hr. min.
9. Birthplace: Pattonsburgh (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
MOTHER FATHER
12. Name: Henry A Armstrong
13. Birthplace: Arkansas (City, town, or country) (State or foreign country)
14. Maiden name: Sarah Goodley
15. Birthplace: Arkansas (City, town, or country) (State or foreign country)
16. (a) Informant: Kenneth Armstrong
(b) Address: Hamilton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Hamilton Mo
18. (a) Signature of funeral director: Brim Funeral Home
(b) Address: Hamilton Mo
19. (a) July 5 1946 (Date received by registrar) (b) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1946 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 1, 1946, to June 19, 1946, that I last saw him alive on June 18, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Hemorrhage	30 min
Due to: Pulmonary Abscess	2 mo
Due to: Bronchiectasis	2
Other conditions (Include pregnancy within 3 months of death): ✓	

Major findings:
Of operations:
Of autopsy: 13 b

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: 0
23. Signature: Herbert R. Bark (M. D. or other) M.D.
Address: Hamilton Mo. Date signed 7/5/46

(Licensed Embalmer's Statement on Reverse Side)

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

310

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Me, Registered Apprentice No., working under my personal supervision.

Signed Morris C. Brown

Licensed Embalmer No. 3918

P. O. Address

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.