

No. 2
2-43
17-39
X35697

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. **43611**
Registrar's No. **7**

FILED FEB 6 1947
Registration District No. **2127**

Primary Registration District No. **0902**

1. PLACE OF DEATH:
 (a) County **Pemiscot**
 (b) City or town **Hayti 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 **46 Yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Pemiscot** **78**
 (c) City or town **Hayti Rural** **0**
(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

3. (a) PRINT FULL NAME **Gennie Armour**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Dec.** day **24,** year **1946** hour **8** minute **30,** P.M.

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widow 2**
 6. (b) Name of husband or wife **Lesley Armour**
 6. (c) Age of husband or wife if alive **years**
 7. Birth date of deceased **Jan. 10 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **10-18-1946** to **12-24-1946**
 that I last saw **ER** alive on **12-20-1946**
 and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **11** Days **14**
 If less than one day hr. min.

Immediate cause of death **apoplexy**
 Due to **Hypertension**
 Due to

9. Birthplace **Cunningham Ky**
(City, town, or county) (State or foreign country)
 10. Usual occupation **house wife**
 11. Industry or business **home**
 12. Name **unknown** **9**
 13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

Other conditions **43A**
(include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Hattie Smith**
 (b) Address **Hayti Mo.**
 17. (a) **burial** (b) Date thereof **12/26/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Hayti Mo. Valhalla Funeral Home**
 18. (a) Signature of funeral director **Hayti Mo.**
 (b) Address **Hayti Mo.**
 19. (a) **1-15-47** (b) **K. Kelley**
(Date received local registrar) (Registrar's signature)

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 **2**
 23. Signature **J. Masters** (M.D. or other)
 Address **Hayti Mo** Date signed **12-22-46**

3165

2-47-45

MAR 25 1947

FEB 7 1947

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 *Jack Kelley*

Licensed Embalmer No. *3788*

P. O. Address *Hayti, 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.