No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3717

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada Hospital (City) (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 4 days (Specify whether)
In this community 23 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Vernon 108
(c) City or town Montevallo Township (If outside city or town limits, write "RURAL")
(d) Street No. Rural - (If rural, give location) 0
(e) Citizen of foreign country? no. (~~Yes~~ or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLES EDGAR ARMSTRONG
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lourinda Armstrong
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased 3 (Month) - 7 (Day) - 1870 (Year)

8. AGE: Years 76 Months 10 Days 10 If less than one day hr. min.

9. Birthplace S Cyler Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Thomas Armstrong
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Adelaide Murry
15. Birthplace Edina Mo 0 (City, town, or county) (State or foreign country)
16. (a) Informant Clayton Armstrong
(b) Address Sheldon Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) - 19 (Day) - 1947 (Year)
(c) Place: burial or cremation St James Cemetery
18. (a) Signature of funeral director Gerald Berry
(b) Address Sheldon Mo.
19. (a) 12-18-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 17 year 1947 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from MARCH 2, 1946, to 17 JAN, 1947, that I last saw him alive on 17 JAN, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ACUTE EMPYEMA of GALL BLADDER	5 DAYS
Due to CHRONIC CHOLECYSTITIS	15 YRS
Due to	
Other conditions CARCINOMA PROSTATE (Include pregnancy within 3 months of death)	2 YRS

Major findings: Of operations WALLED OFF EMPYEMA GALL BLADDER DRAINED.
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: None
(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 R B Gray M.D. (M. D. or other)
Address Nevada Mo Date signed 18 Jan 47

331 (Licensed Embalmer's Statement on Reverse Side)

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 L. Gerald Beery

Licensed Embalmer No. 4203

P. O. Address Shelbina, 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.