

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10272

State File No. ....

Registration District No. 274

Primary Registration District No. 5921

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sweet Springs Blackwater  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rant 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

ROSWELL J. 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 Ella E. Armstrong 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased March 20 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 28 If less than one day ✓ hr. ✓ min.

9. Birthplace Broom County New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farm Work

12. Name Alexander J. Armstrong

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

14. Maiden name Ella E. Armstrong

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

16. (a) Informant Ella E. Armstrong

(b) Address Sweet Springs Route 2

17. (a) Sweet Springs (b) Date thereof 3-3-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Jesse Harvey

(b) Address Sweet Springs Mo

19. (a) 3-1-47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sweet Springs Blackwater  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. Rant 2 (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day February  
year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 28 FEB  
1947 to 28 FEB 1947  
that I last saw him alive on 28 FEB  
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage 2 days.  
Due to Cause unknown

Due to .....

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

Major findings: Of operations .....

Of autopsy 118 ✓  
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) (e) Means of injury ✓  
23. Signature Joseph P. Doyle M. D. or other M.D.  
Address Sweet Springs Date signed 3-1-47

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

251

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-27-47

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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.....

*Jesse Harvey*

Licensed Embalmer No. 2214

P. O. Address

*Sweet Springs, 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.**