

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 20 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

Dr. S. True  
State File No. **19894**  
Registrar's No. **75**

Registration District No. **360**

Primary Registration District No. **3076**

**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:  
**1035 N. Clay St 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **6.5 yrs.** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Vernon 108**  
(c) City or town **Nevada, Mo.** (If outside city or town limits, write "RURAL")  
(d) Street No. **1035 North Clay** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **LEONA ARMSTRONG**  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Widowed**  
**6. (b) Name of husband or wife** **Deceased** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Aug 11 1862**  
(Month) (Day) (Year)

**8. AGE:** **84** Years Months Days If less than one day  
**84** **8** **14** .hr. min.

**9. Birthplace:** **Unknown** **Tenn.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation:** **House wife**

**11. Industry or business:** \_\_\_\_\_

**12. Name** **Unknown - Brown**  
**13. Birthplace** **Unknown** **Unknown**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **Lena Brown**  
**15. Birthplace** **Unknown** **Tenn.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Sandy Smith**  
(b) Address **Nevada Mo.**

**17. (a) Burial** (b) Date thereof **4-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Antech Cemetery**

**18. (a) Signature of funeral director** **Hayes Funeral Service**  
(b) Address **Nevada Mo. - Allen St. Hayes**

**19. (a) 5-15-47** (b) **Walshyn Yancy**  
(Date received local register) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **25<sup>th</sup>**  
year **1947** hour **Night** M.  
**21. I hereby certify that I attended the deceased from**  
**Mar 21 1947 to Apr 25 1947.**  
that I last saw her alive on **Apr 25 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Cerebral Hemorrhage.**  
Due to **Hypertension.**

Due to \_\_\_\_\_  
Other conditions **Advanced Age.**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **none**  
Of autopsy **none**

**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)  
(c) Means of injury **0**

**23. Signature** **W. J. Love M.D.** (M.D. or other)  
Address **Nevada, Mo.** Date signed **4/20/47**

Duration  
**since**  
**Mar 21**  
**1947.**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 7,  
District File Number 4-47-592  
Date Filed 5-19-47

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 H. H. Marmaduke  
Licensed Embalmer No. 2070  
P. O. Address Merida, 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.