No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39043

State File No.

FILED DEC 9 1947

Registration District No. 244

Primary Registration District No. 5835

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural #4 Joplin-Shoal Creek Twn.
(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
In this community 50 years if
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Rural #4 8
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin 6
(If rural, give location) D
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES WILLIAM ARMSTRONG
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. C
5. Color or race W.
6. (a) Single, widowed, married, divorced M. /
6. (b) Name of husband or wife Maggie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 27, 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) (State or foreign country) /
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Armstrong 9
13. Birthplace ------- (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia ------
15. Birthplace ------- (City, town, or county) (State or foreign country) 9
16. (a) Informant Maggie Armstrong /
(b) Address R#4, Joplin, Mo.
17. (a) Buriall (Burial, cremation, or removal) (b) Date thereof 10-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hornet Cemetery
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin, Mo.
19. (a) 10-11-47 (Date received local registrar) (b) Solares Lampkins DR. (Registrar's signature) 77

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1947 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-4-47, 19..., to 10-6-47, 19...; that I last saw him alive on 10-4-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	6 days
Due to Chronic myocarditis	2 years (from history)
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 9
Of autopsy

PHYSICIAN
Underline the cause of 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 2

23. Signature R. O. Mahoney (M. D. or other) DO
Address Joplin, Mo Date signed 10-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-11-906

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 244 Primary Registration District No. 5835 Registrar's No. 19

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural Joplin (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 In this community 50 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton

(c) City or town Joplin (If outside city or town limits, write "RURAL")

(d) Street No. Rural #4 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James W. Armstrong

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 21 (Day) 1867 (Year)

8. AGE: Years 78 Months 5 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name James Armstrong
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Maggie Armstrong

(b) Address R4 Joplin, Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 10-8-47 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Cemetery

18. (a) Signature of funeral director Barker-Hinsaker

(b) Address Joplin, Mo

19. (a) 12/13/47 (Date received local registrar) (b) Mrs. Allie Parnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	6 days
Due to	
Due to Chronic Myocarditis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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:

(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

23. Signature R. A. Mahoney (M.D. or other) D.O.

Address Joplin, Mo Date signed

39043