

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39127**Registration District No. **274**Primary Registration District No. **3052**Registrar's No. **375**

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Bothwell Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 hours**
(Specify whether
In this community **28 years in Sedalia**
years, months or days)

3. (a) PRINT
FULL NAME**William Lionel Armstrong**

3. (b) If veteran, served in peacetime

name war **army** No. **500-10-6571**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
(b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive ******** years

7. Birth date of deceased **February 22, 1903**
(Month) (Day) (Year)

8. AGE: Years **44** Months **8** Days **22**
If less than one day
hr. min.

9. Birthplace **Falls Valley, Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

11. Industry or business

12. Name **Charles Armstrong**
13. Birthplace **Fayetteville, Oklahoma**
(City, town, or county) (State or foreign country)
14. Maiden name **Hattie Flippin**
15. Birthplace **Wichita Falls, Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hattie Roberts (mother)**(b) Address **846 A N. 20th, Milwaukee, Wis.**

17. (a) **Burial** (b) Date thereof **11/7/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill**18. (a) Signature of funeral director **Marion Evers**(b) Address **Sedalia, Missouri**

19. (a) **11/5/47** (b) **Betty Yeager**
(Date received from registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

Missouri **Pettis**
(a) State (b) County
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **218 South Mouteau**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **4**
year **1947** hour **12** minute **noon** M.

21. I hereby certify that **between** the deceased from **as coroner**
11/4/47, 19____, to____, 19____;
that I last saw him alive on____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

int. Hemorrhage, shockDue to **injuries received from being struck by a train**

Due to

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident 132**(c) Date of occurrence **11/4/47**(c) Where did injury occur? **Sedalia, Pettis Mo**
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place, Ma. & Pa. RailroadWhile at work? **no** (Specify type of place) (e) Means of injury **Train**23. Signature **W. H. L. T. Sedalia** (M.D. or other) **P.O. 2**Address **218 E. Bldg. Sedalia, Mo.** Date signed **11/4/47**

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-18-47

No auto embalmed

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.....

Harold K. Dietz
working under my personal supervision.

Registered Apprentice No. 70

Signed Sharon Ewing

Licensed Embalmer No. 38847

P. O. Address Madison

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.