S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1948

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 745

Registrar's No. 83 A

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs (Specify whether years, months or days)

In this community Joplin Rt 1 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Joplin Rt 1. Joplin Missouri 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Don John W Armstrong

3. (b) If veteran, name war no

3. (c) Social Security No. 536-03-7030

4. Sex M O

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife IMA JEAN

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Sept (Month) 10 (Day) 1909 (Year)

8. AGE: Years 38 Months 4 Days 20 If less than one day hr. min.

9. Birthplace MILFORD (City, town, or county) Mo G (State or foreign country)

10. Usual occupation SHOVEL OPERATOR

11. Industry or business —

FATHER
12. Name FRED ARMSTRONG
13. Birthplace — (City, town, or county) Mo G (State or foreign country)

MOTHER
14. Maiden name CALLIE THRONBURG
15. Birthplace — (City, town, or county) Mo G (State or foreign country)

16. (a) Informant MRS IMA JEAN ARMSTRONG

(b) Address JOPLIN RT. 1 JOPLIN, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 30, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation St John's Cem Milford Mo

18. (a) Signature of funeral director Harvey E. Arnce

(b) Address 26 S. Roan St Will City, Mo

19. (a) 1-30-48 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 28 year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan 26, 1948 to Jan 28, 1948 that I last saw him alive on Jan 27, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Skull fracture	2 day
Multiple rib fractures	2 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

170 22

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) accident

(b) Date of occurrence Jan. 26, 1948 10 6

(c) Where did injury occur? Taney Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? #65 Highway coll (Specify type of place) with other

While at work? no (e) Means of injury auto accident

23. Signature R D Duncan (M. D. or other) MD

Address Springfield Mo. Date signed 1/28/48

(Licensed Embalmer's Statement on Reverse Side) [illegible] Springfield Mo

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 Harvey E. Ance

Licensed Embalmer No. 4463

P. O. Address Webb City, Missouri

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.