S. No. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948
Registration District No. 82

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 4352
Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Alex VanRavenswaay Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED: 27

(a) State Missouri (b) County Cooper
(c) City or town Boonville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 702 Sixth St. 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Jon Kaye Armbruster.
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 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 18 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Boonville, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Donald Dale Armbruster. 0
13. Birthplace Buckner, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryn Marie Martin.
15. Birthplace Kansas City, Missouri. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. D. D. Armbruster.
(b) Address Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 20th/48 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cemetery.
18. (a) Signature of funeral director Goodman & Boller.
(b) Address Boonville, Mo.
19. (a) 2-20-48 (Date received local registrar) (b) D. E. Hooper (Registrar's signature) 3d

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19
year 1948. 11 hour 45 minute p M.
21. I hereby certify that I attended the deceased from Jan 18, 1948, to Feb 19, 1948
that I last saw him alive on Feb 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: premature (6 months)	1 day
Due to: placenta previa of mother	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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 0
23. Signature Alison Ravenswaay (M. D. or other)
Address Boonville Mo. Date signed 2.20.48

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-12-48

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. Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.