

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17198

State File No. \_\_\_\_\_

Registration District No. 294Primary Registration District No. 4427Registrar's No. 64

## 1. PLACE OF DEATH:

(a) County Pulaski  
 (b) City or town Waynesville, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: DeWitt Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution One Day  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Charlena Armer

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 0  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 4 1948  
 (Month) (Day) (Year)

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

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Lester Armer  
 13. Birthplace Marion County Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Lilly Ann Kellison  
 15. Birthplace Marion County, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lester Armer  
 (b) Address Vienna, Mo.

17. (a) burial (b) Date thereof 5-5 1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vienna, Mo.

18. (a) Signature of funeral director McQuinnigan

(b) Address Vienna, Mo.

19. (a) 6-1-48 (b) Helma C. Ruckelshaus  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion  
 (c) City or town Vienna, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4  
 year 1948 hour 5 minute p M.

21. I hereby certify that I attended the deceased from May 4, 1948 to May 4, 1948  
 that I last saw him alive on May 4, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Intracranial hemorrhage 14 hrs.

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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)  
 (e) Means of injury 2

23. Signature S.C. Howard (M. D. or other) DO

Address Vienna, Mo. Date signed 5/4/48

**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.

Signature.....

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.**