

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19984

State File No.

Registration District No. 171

Primary Registration District No. 4267

Registrar's No. 6

1. PLACE OF DEATH, Lafayette
(a) County
(b) City or town, Odessa
(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 60 yrs. (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Henry C. Armstrong
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife, Elia F. Armstrong 6. (c) Age of husband or wife if alive, 91 years
7. Birth date of deceased, Nov. 5, 1858 (Month) (Day) (Year)

8. AGE: Years 89 Months 5 Days 3 If less than one day hr. min.

9. Birthplace, Stony Point, Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation, Retured Farmer
11. Industry or business.

MOTHER FATHER { 12. Name, H.C. Armstrong
13. Birthplace, Tenn. (City, town, or county) (State or foreign country)
14. Maiden name, Susan Miller (City, town, or county) (State or foreign country)
15. Birthplace, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant, Leyburn Armstrong, Odessa, Mo.
(b) Address, Burial
17. (a) Burial (b) Date thereof, Apr. 10, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation, Odessa, Mo.
18. (a) Signature of funeral director, Husman-Sparks, Odessa, Mo.
(b) Address, April 9 1948 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State, Missouri (b) County, Lafayette
(c) City or town, Odessa (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 April day 8 year 1948 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from 1940 to April 8, 1948, that I last saw him alive on April 8, 1948, and that death occurred on the date and hour stated above.
Immediate cause of death, Uremia, arterio-sclerosis, senility Duration

Due to
Due to
Other conditions, (Include pregnancy within 3 months of death)
Major findings: Of operations, no operation
Of autopsy, no 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) no accident
(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
23. Signature, M. Martin (M. D. or other) Address, O. M. Martin Date signed 4/9/48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-23-48.....

DEC 11 1953

JAN 20 1955

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 Iring L. Heisman.....

Licensed Embalmer No. 2541.....

P. O. Address Adams 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.