

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 2 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20197

State File No.

Registration District No. 229

Primary Registration District No. 5809 4 343

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town New Florence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: 3 days (Specify whether
In this community 3 days
years, months or days)

3. (a) PRINT FULL NAME Mrs Ora Armstrong

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F / race W 5. Color or W
6. (a) Single, widowed, married, divorced W g
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased Nov 3rd 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 7 7 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name Walter C. Shock
13. Birthplace Columbia Mo (City, town, or county) (State or foreign country)
14. Maiden name Margaret Caldwell
15. Birthplace Columbia Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs J.O. Helm
(b) Address New Florence Mo

17. (a) Burial (b) Date thereof 6-12-48
(Burial, cremation, or removal) Memorial Park Cem (City or town) (County) (State)
(c) Place: burial or cremation Columbia Mo

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) 6-10-48 (b) James O. Helm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1948 hour 7 minute A M.

21. I hereby certify that I attended the deceased from June - 7
1948 to June 10, 19 48;
that I last saw him alive on June 10, 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 7 hrs.
Due to Arterio-Sclerosis 10 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy none

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) None
(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 James O. Helm (M. D. or other)
Address New Florence Mo. Date signed 6-10-48

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~~ on the 10th day of June 1948, Registered Apprentice No. _____, working under my personal supervision.

Signed  C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.