

FILED AUG 11 1948

Registration District No. 37Primary Registration District No. 4049Registrar's No. 25

## 1. PLACE OF DEATH:

(a) County Boone  
 (b) City or town CENTRALIA  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Fagg's Convalescent Home 4  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Mo. 3 da.  
 (Specify whether years, months or days) Entire life

## 3. (a) PRINT FULL NAME

Mollie E. Armstrong  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. NONE

4. Sex 7 / 5. Color or race W  
 6. (a) Single, widowed, married, divorced W 2  
 6. (b) Name of husband or wife  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. - 10 - 1871  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 7 23 hr. min.

9. Birthplace Cooper Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

## 11. Industry or business

MOTHER FATHER  
 12. Name Henry Laine  
 13. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah (P)  
 15. Birthplace Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant MR. LEE DAVIS  
 (b) Address 802 1/2 W. 39th St. K. C. Missouri  
 17. (a) Burial (b) Date thereof 8-5-1948  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Centralia, Mo. Cemetery

18. (a) Signature of funeral director Bue P. Baller  
 (b) Address Centralia, Missouri  
 19. (a) Aug 4, 1948 (b) Maud McBraden  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
 (c) City or town Hallsville  
 (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 Aug day 3rd  
 year 1948 hour 9:7 minute 25 P M.

21. I hereby certify that I attended the deceased from 9-19-46, 19\_\_\_\_, to Aug 3, 1948  
 that I last saw her alive on 8-3-48, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis  
 Duration \_\_\_\_\_  
 Due to Hypertension  
 Due to Atherosclerosis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_ 131B  
 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) \_\_\_\_\_  
 (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 J. O. Baker, M.D.  
 Address Centralia, Mo Date signed 8-3-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed AUG 10 1948

AUG 22 1949

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 Paul J. Ballou  
Licensed Embalmer No. 4206  
P. O. Address Centralia, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.