

FILED SEP 11 1948

Registration District No. 2078

Primary Registration District No. 3054

Registrar's No. 98

1. PLACE OF DEATH:

(a) County... Pike  
(b) City or town... Louisiana  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 1/2 North Third Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 60 Years (Specify whether years, months or days)  
In this community...

3. (a) PRINT FULL NAME LUTY KATE ARMSTRONG

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Henry J. Armstrong 6. (c) Age of husband or wife if alive Deceased  
7. Birth date of deceased May 18 1855 (Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Cynthiana Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housekeeping

12. Name James W. Soward

13. Birthplace Cynthiana Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Cynthiana Conrad

15. Birthplace Cynthiana Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Raymond Lonergan

(b) Address Louisiana Missouri

17. (a) Burial (b) Date thereof 9 / 4 / 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview

(c) Place: burial or cremation Garner, & Sterne

18. (a) Signature of funeral director

(b) Address Louisiana Missouri

19. (a) 9-4-48 (b) Bernice Collier (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Louisiana  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 1/2 North Third Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 2 1948  
year 1948 hour 2 minute 15 PM.

21. I hereby certify that I attended the deceased from Aug. 26 to Sept. 2, 1948  
that I last saw her alive on Sept. 2, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Deep Coma Duration 2 days

Due to Apoplexy Duration One week

Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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)

(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 (b) Means of injury

23. Signature Charles P. Jewell M.D. (M.D. or other)

Address Louisiana Mo. Date signed 9/2/48

RECEIVED

District Health Officer No. 10

District File Number 9481600

Date Filed SEP 9 1948

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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.....

*James Garman*

Licensed Embalmer No. 3720

P. O. Address.....

*Lawrence St.*

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.