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State File No. _____

Registrar's No. 109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1948

Registration District No. 159

Primary Registration District No. 5536

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Holt
(b) City or town Oregon-Rural
(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 _____ (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Holt
(c) City or town New Point
(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 _____

3. (a) PRINT FULL NAME Nathaniel Thomas Armentrout
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9
year 1948 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Dec. 8
1948 to Dec 9 1948
that I last saw him alive on Dec 8 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida Belle Armentrout
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 26 1869
(Month) (Day) (Year)

Immediate cause of death Thrombosis of mesentery
Duration 1 Day

8. AGE: Years 79 Months 0 Days 13
If less than one day hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy None

9. Birthplace Rockington Co. Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Remigas Armentrout
13. Birthplace Rockington Co. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Frances Handley
15. Birthplace Shenadoah Co. Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Armentrout
(b) Address Oregon, Missouri
17. (a) Burial (b) Date thereof Dec 11 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maitland Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence None
(c) Where did injury occur? None
(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 0

18. (a) Signature of funeral director James H Pettigrew
(b) Address Oregon, Mo
19. (a) Dec 11 1948
(Date received local registrar) (Registrar's signature) 122

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 12/10/48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *James H. Pettigrew*

Licensed Embalmer No. *3192*

P. O. Address..... *Oregon 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.