

5. No. 300
V. 10. 48

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1747

33

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 910 Bridge St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 910 Bridge St.			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) WOODROW c. (Last) ARMSTRONG, JR.			4. DATE OF DEATH (Month) (Day) (Year) Jan. 30 1950
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH July 14, 1947
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) Hannibal, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Thomas Woodrow Armstrong		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mary E. Armstrong ADDRESS 910 Bridge St.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By being trapped in a burning building			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. accidental death to four persons.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hannibal Marion Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/29/50		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Burned to death 119			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:59 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Crawford Smith, Coroner		23b. ADDRESS 902 Broadway Hannibal Missouri	
23c. DATE SIGNED 2/2/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/30/50	
24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park		24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	
DATE REC'D BY LOCAL REG. 2-3-50		REGISTRAR'S SIGNATURE Dr. E. M. Lucke Deputy Registrar	
FUNERAL DIRECTOR'S SIGNATURE Dr. Nathan A. Schwartz		ADDRESS Hannibal, Mo.	

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

644

RECEIVED FEB 3 1950
MASS. HEALTH DEPT.
DATE FILED FEB 3 1950

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.....

Not Embalmed Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Paul Richard Brown*

Licensed Embalmer No. *4324*

P. O. Address *Haverhill 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.