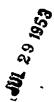
	STANDARD CERTIFICATE OF DEATH State File No.			23812
BIRTH NO	REG. DIST. NO		10 3002 Registrar's No.	113
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDE	NCE (Where decoased lived. If ins	ritution: residence before admission).
b. CITY (If outside corporate limits, write R OR TOWN Mexico	township) STAY (in this place)	c. CITY (If outside sorpo OR TOWN Kansa	rate limits, write RURAL and give town S City	whip) 8150
l	institution, give street address or ionation) -Hospital Colmut		(If rural, give location) New Jersey St.	•
3. NAME OF a. (First) DECEASED (Type or Print) SAM	b. (Middle)	c. (Last) ARMSTRONG	4. DATE (Month) OF JULY	23,53
5. SEX Male 2 Color or RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Speedly)/Married	Feb.1,1905	9. AGE (In years last birthday) 40 Months	Days F INDER M RES. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	Railroad	mrips, Ark	cansas /	12. CITIZEN OF WHAT COUNTRY?
William Armstrong	Virginia Ba	nks	14. name of Husband or Wif Cora Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED (Yes. no. or unknown) (If yes, give war or dates	1 of service) 430-14-2603	Cora Armst	signature or name rong, Dermott, Ar	ADDRESS
18. CAUSE OF DEATH LEnter only one course per l. DISEASE OR C DIRECTLY LEAD	MEDICAL CONDITION ING TO DEATH*(a) Inquest	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT C	us, if any, giving DUE TO (b) cause (a) stating # 65 in	EXMM.G.M.O	urlington train	
ease, injury, or complica- tion which caused death. II. OTHER SIGNI	DUE TO (c) Hex FICANT CONDITIONS and buting to the death but not use or condition causing death. Hos	shock Deat pital on ar	m hemorrhage h at Audrain rival.	802X 35
	DINGS OF OPERATION + , : .	•		20. AUTOPSY7
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad right of	way Mexic	o, Audrain, Mo.	(STATE)
	(Hour) 21e. INJURY OCCURRED	211. HOW DID INJURY C	ck by train,	
22. I hereby certify that I attended to xake xxx died J., 1 y9. 2	23, abBthat death occurred at 1	:55 Am Mrom the	, 19, that I last causes and on the date state	t saw the deceased d above.
23a. SHENKOURE (Same)	M. W. Covorus	Mexico, Mo.		July 23,53
Tion, REMOVAL (Specify) Removal July 27	24c. NAME OF CEMETER		d. LOCATION (City, town, or cour McGehee, Arkans	
DATE REC'D BY LOCAL REGISTRAR'S S	che Nelly	25. FUNERAL DIRECTO	Trucks, Mexe	id mo



STATEMENT BY LICENSED EMBALMER

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			
	Student Embalmer No			
working under my personal supervision.	2.11 - 1 01			
Student	Signed Billy Jack Skinner			

P. O. Address // Lylico / Lylico / P. O. Address // Lylico / Ly

the above constitutes grounds for revocation of license.)

Student Embalmer

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