

FILED JUN 14 1945

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 96

1. PLACE OF DEATH: Henry
 (a) County Henry
 (b) City or town Windsor
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 400 E. Jackson, /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution unknown - 19 yrs (Specify whether
 In this community unknown - 19 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. Windsor, Mo.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward R. Armstrong
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 2
 year 1945 hour 8 minute 30 A.M.
 21. I hereby certify that I attended the deceased from Dec 21 - 1944
May 2, 1945 to May 2, 1945
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 5
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 14, 1860
 (Month) (Day) (Year)

Immediate cause of death Carcinoma of prostate
 Duration 2

8. AGE: Years Months Days If less than one day
85 1 18 hr. min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 5/14
 Of operations _____
 Of autopsy _____

9. Birthplace unknown Wisconsin
 (City, town, or county) (State or foreign country)
 10. Usual occupation farming

MOTHER FATHER copy by all 4
 11. Industry or business _____
 12. Name Thomas Armstrong
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Burnside
 15. Birthplace unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant A.C. Armstrong
 (b) Address Kansas City, Kansas
 17. (a) burial (b) Date thereof 5-25-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Richland Center, Wis
 18. (a) Signature of funeral director Huston-Turner
 (b) Address _____
 19. (a) May 4 (b) Windsor, Mo
 (Date received by registrar) (City, town, or county)

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 [Signature] (M. D. _____)
 Address Windsor Date signed 5-3

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

42
29
0

MOTHER FATHER
copy by all 4

1391

245

JUL 10 1961

RECEIVED

District Health Officer No. 7,

District de Normandie 2-45-572

Date filed 6-13-45

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 *Edwin J. ...*

Licensed Embalmer No. 3391

P. O. Address *Windsor, 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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 17042
Local Registrar's No. 96

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 22 day of July, 1946, before me appears.....

A. C. Armstrong, who, upon his oath, states that the original record of ~~MRK~~ death
for Edward R. Armstrong, died May 2, 1945, in the State of
Missouri, and which was filed at Jefferson City on June 14, 1945, should be corrected as follows:

Item No. 14 should read Elizabeth Burnside

Instead of Elizabeth Burnside

Item No. 17, Sect. ^(b) should read 5/5/45

Instead of 5/15/45

Item No. 1, Sect. (d) should read 19 years

Instead of Unknown

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant A. C. Armstrong nephew
Relationship.

2623 West 49th St. Terrace
Kansas City 3, Kansas
Present Address.

Subscribed and sworn to before me this 22nd day of July, 1946.

My Commission expires January 13, 1949 Dolores Noedl Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

17042