

REC'D JUL 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22164  
Do not use this space.

1. PLACE OF DEATH **GREENE** Registration District No. **378**  
 (a) County **GREENE** Primary Registration District No. **2001** Registered No. **526**  
 (b) Township \_\_\_\_\_  
 (c) City **SPRINGFIELD** (d) Street No. **Burge Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **62** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **MARY ELIZABETH ARMSTRONG**  
 (a) Residence, No. **614 W. BROWER** St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Richard A. Armstrong**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 9, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**74 0 18**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Wife**  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Elizabeth Town Ky**

FATHER 13. NAME **William M. Truman**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Emily Cash**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

17. INFORMANT (ADDRESS) **Richard A. Armstrong 614 W. Brower Sp. Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bozeshwood** DATE **June 29, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **H. C. Higgins Springfield, Mo.**

20. FILED **June 29, 1939** **Chas. C. George** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27, 1939**

22. I HEREBY CERTIFY That I attended deceased from **June 18, 1939** to **June 27, 1939**  
 I last saw her alive on **June 18, 1939**. Death is said to have occurred on the date stated above, at **7:30 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Myocardial Insufficiency** Date of onset **Mar 39**  
**66 yr**  
 Other contributory causes of importance: **Toxic Hypertension** **20 yrs**

Name of operation **0** Date of \_\_\_\_\_  
 What test confirmed diagnosis? **Electrocard** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **0**  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify \_\_\_\_\_ (Signed) **Leopold R. Well** M. D.  
 (Address) **Springfield, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

*Ralph Thorne*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ralph Thorne*

Licensed Embalmer No. *3681*

P. O. Address *Sp. Ma.*

**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, above space should be left blank.**

*A*