

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38021

DEC 5 - 1940
City District No. 32

Primary Registration District No. 5631

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Lincoln
(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 _____
In this community 26 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Mary Armstrong

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Armstrong 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 21 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 3 _____ hr. _____ min.

9. Birthplace Page Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name James Blair
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Jane Luke Ireland
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant David Armstrong

(b) Address Maryville, Missouri

17. (a) Removal (b) Date thereof Aug 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blanchard, Iowa.

18. (a) Signature of funeral director LeRoy Funder
(b) Address Westboro, Missouri

19. (a) Aug 24th 1940 (Date received local registrar)
APR 24 1940 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Blanchard, Iowa.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1940 hour 2 minute 45 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Burns Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence August 24-1940

(c) Where did injury occur? Atchison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Near House on farm
While at work? Yes (Specify type of place) (e) Means of injury Burns

23. Signature Wm G Miller (M.'D. or other) DD
Address College Springs Ia Date signed 8/25/40

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

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 _____

Scott Tucker

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, 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, above space should be left blank.