

Registration District No. 1 Primary Registration District No. 1

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

1. PLACE OF DEATH:  
(a) County Adair  
(b) City or town Hicksville  
(c) Name of hospital or institution Brunn Smith Hospital  
(d) Length of stay: In hospital or institution Six days  
In this community                       
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Macon  
(c) City or town Rural Atlanta Mo.  
(d) Street No. 1  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Carrie Armstrong Fagerstrom  
3. (b) If veteran, name war - 3. (c) Social Security No.                     

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 14<sup>th</sup> day January  
year 1941 hour 2 minute 70 M.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Dudley P. Fagerstrom  
6. (c) Age of husband or wife if alive                      years  
7. Birth date of deceased June 16 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12, 1941, to January 14, 1941.  
that I last saw her alive on January 14, 1941,  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia Duration 6 day

8. AGE: Years 57 Months 6 Days 28  
If less than one day                      hr.                      min.

Due to                       
Due to                     

9. Birthplace Macon Co. Mo.  
10. Usual occupation Home maker

Other conditions Hypertension  
Major findings:                       
Of operations                       
Of autopsy                     

MOTHER FATHER  
12. Name Perry Armstrong  
13. Birthplace Macon Co. Mo.  
14. Maiden name Elizabeth Harper  
15. Birthplace Macon Co. Mo.

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

16. (a) Informant Mc Armstrong  
(b) Address La Plata, Mo.  
17. (a) Burial (b) Date thereof 1-17-41  
(c) Place: burial or cremation Mc Labor Cem  
18. (a) Signature of funeral director Stephen Gooding  
(b) Address Macon, Mo.  
19. (a) Jan. 16/41 (b) Spencer L. Freeman

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?                       
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
3 While at work?                       
23. Signature W. H. G. Gubler (M. D. or other)                       
Address Hicksville Mo. Date signed 1-14-41

FEB 14 1942

RECEIVED

District Health Officer No. 10

District File Number 2-41-362

Date Filed FEB 19 1941

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**