V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 37411

FILED DEC 14 1942

Registration District No. 467 745 Primary Registration District No. ~~4280~~ 3036 Registrar's No. 155

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**1. PLACE OF DEATH:**

(a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
33 West Church St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence 55 /

(c) City or town Aurora /
(If outside city or town limits, write "RURAL")

(d) Street No. 33 West Church St
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martha Warren Armstrong

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife O. Armstrong

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 4 (Day) 1860 (Year)

8. AGE: Years 82 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Pierce City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Morgan Green

13. Birthplace Not Known (City, town, or county) (State or foreign country)

14. Maiden name Matilda Smith

15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Iola Clark

(b) Address Aurora Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 11-20 1942 (Date received local registrar) (b) Eunice Greene by (Registrar's signature) E M G

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 18 year 1942 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1-42, 19..., to ..., 19..., that I last saw her alive on Nov 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162b

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. B. Herron (M. D. or other)

Address Aurora, Mo. Date signed Nov 19 42

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1242-1749
Date Filed DEC 11 1942

**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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.**