S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42306

Registration District No. 376 Primary Registration District No. 6074 Registrar's No. 276

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Leadwood Mo Randolph
(If outside city or town limits, write "RURAL" and name of township)
(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 none (Specify whether
In this community 85 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Leadwood
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Washington Armon
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 4 (Day) 1860 (Year)
8. AGE: Years 85 Months 7 Days 8 If less than one day hr. min.
9. Birthplace Boone Terre (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Tom Jordon
(b) Address Leadwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Leadwood, Mo
18. (a) Signature of funeral director J. B. Boyer Son
(b) Address Leadwood Mo
19. (a) 12-31-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 12 year 1945 hour 10 minute 00 p M.
21. I hereby certify that I attended the deceased from Dec 2, 1945, to Dec 12, 1945, that I last saw him alive on Dec 6, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	5 days
Due to Carcinomatosis rectum	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John W Hunt (M. D. or other) MD
Address Leadwood, Mo. Date signed 12/4/45

1371

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 146-155

Date Filed 1-9-46

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood 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.