

No. 2-12-45-17-39 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. McArthur
State File No. 18060

FILED MAY 26 1947

Registration District No. 183

Primary Registration District No. 4297

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Purdin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
 (c) City or town Purdin 5
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM JAMES ARMSTRONG
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Mo 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2
 6. (b) Name of husband or wife Anna Armstrong 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Aug. 22, 1869 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace: D.K. Canada (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Thomas Armstrong 7
 13. Birthplace D.K. Scotland (City, town, or county) (State or foreign country)

14. Maiden name Jane Lang
 15. Birthplace D.K. Scotland (City, town, or county) (State or foreign country)

16. (a) Informant Emet Armstrong
 (b) Address Brookfield Mo.

17. (a) Burial (b) Date thereof May 4, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bear Branch Cemetery

18. (a) Signature of funeral director Will Funeral Home
 (b) Address Brookfield Mo.

19. (a) May 12, 1947 (b) Elia Crookshank (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1947 hour 3 minute 50 A.M.
 21. I hereby certify that I attended the deceased from Sept 1946 to May 2 1947
 that I last saw him alive on May 1 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 14 da

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy g. h. h.
 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 J.R. McArthur (M. D. or other) _____
 Address Brookfield Mo Date signed May 2, 47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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 J. W. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.