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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 20 1947

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37680

Registrar's No. 912A

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1307 Benton Avenue
(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: 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield
(If outside city or town limits, write "RURAL")
(d) Street No.: 1307 Benton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: LOUISE McCOOL ARMSTRONG

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Orland K. Armstrong

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

7. Birth date of deceased: November (Month) 6, (Day) 1897 (Year)

8. AGE: Years 58 | Months 11 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Baxley, (City, town, or county) Georgia (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home Makeing

MOTHER FATHER

12. Name: Andrew M. McCool

13. Birthplace: Unknown (City, town, or county) Georgia (State or foreign country)

14. Maiden name: Ellie Vee Collins

15. Birthplace: Unknown (City, town, or county) Georgia (State or foreign country)

16. (a) Informant: Orland K. Armstrong, Sr.,
(b) Address: 1307 Benton Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ 24/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn Cem.

18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri

19. (a) 10-27-47 (Date received local registrar) (b) W. E. Handley M. D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21, year 1947 hour 1: minute 30 P. M.

21. I hereby certify that I attended the deceased from May 24, 1947, to Oct. 21, 1947; that I last saw her alive on Oct 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Carcinomatosis	2 weeks
Due to: Primary Carcinoma left breast	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Squamous cell infiltrating Carcinoma (Grade III) L. breast
Of autopsy: None

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: 0

23. Signature: Durward B. Hall (M. D. or other)
Address: 500 Holland Bldg. Date signed: 10/22/47

(Licensed Embalmer's Statement on Reverse Side) Springfield, 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 Lee Mason, Registered Apprentice No. 477, working under my personal supervision.

Signed Jewell E. Winch

Licensed Embalmer No. 2831

P. O. Address Springfield 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.