

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **297**

Primary Registration District No. **3057**

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

**1. PLACE OF DEATH:**  
(a) County **Ray**  
(b) City or town **Richmond, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**234 Farris Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **None**  
(Specify whether years, months or days) **62 Years**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Ray**  
(c) City or town **Richmond, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **234 Farris Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3: (a) PRINT FULL NAME** **John Armour**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Elsie Armour** 6. (c) Age of husband or wife if alive **-** years  
7. Birth date of deceased **March 14, 1869**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month **March** day **17th**  
year **1948** hour **12** minute **45 A.M.**  
21. I hereby certify that I attended the deceased from **8-4-47**, 19\_\_\_\_, to **3-17-48**, 19\_\_\_\_;  
that I last saw **him** alive on **3-17-48**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>79</b>	<b>0</b>	<b>3</b>	____ hr. ____ min.

Immediate cause of death **Broncho-pneumonia** Duration **2 days**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace **Avidrie, Scotland** (City, town, or county) (State or foreign country) **4**  
10. Usual occupation **Retired Miner**  
11. Industry or business " "

Other conditions **Cancer of Colon** ?  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**MOTHER FATHER**  
12. Name **John Armour, Sr.**  
13. Birthplace **Avidrie, Scotland** (City, town, or county) (State or foreign country) **4**  
14. Maiden name **Ann Gallocher**  
15. Birthplace **Avidrie, Scotland** (City, town, or county) (State or foreign country) **4**  
16. (a) Informant **Charles S. Armour**  
(b) Address **Richmond, Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3/19/48** (Month) (Day) (Year)  
(c) Place: burial or cremation **Sunnyslope Cemetery**  
18. (a) Signature of funeral director **Quest-Lile F. Home**  
(b) Address **Richmond, Mo.**  
19. (a) **March 20-1948 malulyachen** (Date received local registrar) (Registrar's signature) **974**

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

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 **0**  
23. Signature **How I can** (M. D. or D.O.)  
Address **Richmond, Mo.** Date signed **3-19-48**

RECEIVED

District Health Officer No. 8,

District File Number

3-22-48

Date Filed

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 Louis Sweet

Licensed Embalmer No. 4096

P. O. Address Richmond, 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.