

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

14-5
1-39
K47070

FILED SEP 20 1948

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchannon
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Metz Hosp. - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk. (Specify whether
In this community 78 yrs 1 week.
years, months or days)

3. (a) PRINT FULL NAME COMMODORE PERRY ARMSTRONG
Commodore PERRY ARMSTRONG

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Otie 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 19 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 23 If less than one day hr. min.

9. Birthplace DeKalb Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMING

12. Name Joseph Dudley Armstrong

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bledsoe

15. Birthplace Jackson Co. Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs A.P. Armstrong
(b) Address Cameroon Mo.

17. (a) BURIAL (b) Date thereof 9-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMERON, MO
18. (a) Signature of funeral director CRUNK FUNERAL HOME
(b) Address CAMERON MO.

19. (a) 9-13-48 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLINTON
(c) City or town CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No. Cameron, North Main St
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1948 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 9-5 1948 to 9-12 1948
that I last saw him alive on 9-12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalomalacia

Due to Cerebral Embolus

Due to Anterior Septic Heart Disease - C. meningitidis
Other conditions fibrillation
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

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 Louis B. Rudloff (M. D.)
Address 825 Charles Street Date signed 9/13/48

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

Lee Moss Herun

Licensed Embalmer No. *2533*

P. O. Address *Cameron, 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.