

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1949

State File No. **26116**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **944**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 3	
c. LENGTH OF STAY (in this place) 4 years.		d. STREET ADDRESS (If rural, give location) State Hospital #2.	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #2.			

3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) Elizabeth c. (Last) Armstrong			4. DATE OF DEATH (Month) (Day) (Year) August 29 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married (1)	8. DATE OF BIRTH January 15, 1856	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Unknown Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry C. Armstrong	13b. MOTHER'S MAIDEN NAME Susan Miller	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None *****m	17. INFORMANT'S SIGNATURE OR NAME State Hospital records ADDRESS St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Thrombosis right side of brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 15, 1942**, to **8-29, 1949**, that I last saw the deceased alive on **8-27, 1949**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. G. Jenkins M.D.	23b. ADDRESS State Hospital #2	23c. DATE SIGNED 8-29-1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE August 29, 1949	24c. NAME OF CEMETERY OR CREMATORY Not known	24d. LOCATION (City, town, or county) (State) Odeasa, Missouri
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DATE REC'D BY LOCAL REG. Aug. 29, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoff ADDRESS 1046 Colhoun St. St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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, *****

Student Embalmer No.

working under my personal supervision.

Signed

Raymond W. Marheis

Signed.....

Student Embalmer

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Missouri.

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.