

JAN 16 1942

Registration District No. 744

Primary Registration District No. 597EB

Registrar's No. 110

1. PLACE OF DEATH:

(a) County RAY COUNTY
(b) City or town 2 MILES NORTH-W-MARON
(c) Name of hospital or institution:
2 miles North West Hardin, Mo
(d) Length of stay: In hospital or institution no
In this community 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(d) Street No.
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MARTIN RAYMOND ARMSTRONG

(b) If veteran, name war no (c) Social Security No. 497-14-1337

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

6. (b) Name of husband or wife Minnie Bell Armstrong 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 18, 1870

8. AGE: Years 71 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Montau Co. Mo

10. Usual occupation miner

11. Industry or business miner

MOTHER FATHER

12. Name James Armstrong
13. Birthplace unknown
14. Maiden name Margrett Francis
15. Birthplace unknown

16. (a) Informant Mead J. Armstrong

(b) Address Mosby, Mo

17. (a) Burial (b) Date thereof 12/24/41

(c) Place: burial or cremation Lawson

18. (a) Signature of funeral director Herbert Hope

(b) Address Excelsior Springs

19. (a) Dec 24-41 (b) M. Paul Johnson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 3:00 minute a M.

21. I hereby certify that I attended the deceased from called in on coroner
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion
Due to arteriosclerosis
Due to hypertension
Other conditions hypertension

Major findings: Of operations 94
Of autopsy coronary occlusion

Duration
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?.....
(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 H. M. Griffith (M. D. or other) 0
Address Excelsior Springs Date signed 12-22-41

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

Lawson, Ray Co. Missouri

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 1-14-42

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 Chas. Virgil Hope
Licensed Embalmer No. 3950
P. O. Address Excelsior Springs

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.