REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 28415

Registered No. 910

1. PLACE OF DEATH
County: BUCHANAN ~~WASHINGTON~~
Township:
City: ST. JOSEPH (No. MISSOURI METH. HOSPITAL St. Ward)

Registration District No. 85
Primary Registration District No. 1001

11 5 7

2. FULL NAME JAMES LESLIE ARMSTRONG 6 5 9
(a) Residence, No. INDUSTRIAL CITY, STOP NO. 4 St., Ward. Industrial City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JANURRY 10, 1895

7. AGE: Years 43; Months 7; Days 21; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: FARM
10. Date deceased last worked at this occupation (month and year): AUG., 30, 1938
11. Total time (years) spent in this occupation: LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KANSAS DONIPHAN CO. 0

FATHER
13. NAME: P. R. ARMSTRONG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEW YORK CITY, NEW YORK 0

MOTHER
15. MAIDEN NAME: MARTHA KNIGHT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUCHANAN CO. MISSOURI

17. INFORMANT (ADDRESS): MRS. MARHA CLARK ST. JOSEPH MO. IND. CITY

18. BURIAL, CREMATION, OR REMOVAL
PLACE: FANNING, KANSAS DATE: SEPT. 3 1938

19. UNDERTAKER (ADDRESS): ELEEMAN & SON INC. ST. JOSEPH, MO.

20. FILED: SEPT. 3 1938 A. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): SEPT. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2nd, 1938, to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:

Injuries received when struck by an Auto as a pedestrian — Date of onset 8/30/38

Viewed

Other contributory causes of importance:

Name of operation: no Date of
What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/30, 1938
Where did injury occur? Wathena Kansas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury: Struck by Auto
Nature of injury: Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) B.W. Tudloff Coroner, M. D.
(Address) King Hill Bldg

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by MYSELF

or by _____, Registered Apprentice No. _____

(Signed) John E. Rupp

Licensed Embalmer No. 3986

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above regulation constitutes grounds for revocation of license.)