

No. 2  
1-4-41  
5-17-39  
X 28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30760

State File No. \_\_\_\_\_

3517

Registrar's No. \_\_\_\_\_

FILED OCT 13 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3432 Quincy  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3432 Quincy  
(If rural, give location)  
(e) Citizen of foreign country? ? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) \*PRINT FULL NAME George William Armstrong

3. (b) If veteran, name war None 3. (c) Social Security No. 500-03-5700

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willie M. Armstrong 6. (c) Age of husband or wife 40 years

7. Birth date of deceased December 25, 1884  
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Camden Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business WPA

12. Name Elisha Armstrong

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

14. Maiden name Matilda

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Mae Armstrong  
(b) Address 3432 Quincy

17. (a) burial (b) Date thereof 9/23/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director John Brown  
(b) Address 1729 Lydia  
19. (a) 9/22/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20  
year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from Sept 10, 1941 to Sept 20, 1941  
that I last saw him alive on Sept 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia -  
S. pneumoniae meningitis  
(now epidemic) Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to Septicemia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations g.i.  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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 L. V. Miller (M. D. or other) G

Address 1203 Paseo Date signed 9/23/41

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

428

Me

*M. Green*

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**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 *Isaac J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2573 Highland*

**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.**