

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X28424

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

23274

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

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2796

48  
3  
8

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

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: General Hospital #20  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution the 25 min  
(Specify whether  
In this community about 25 years  
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. 728 E. 17th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Herman Armstrong

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 510-09-3916

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married divorced  
(b) Name of husband or wife Ruth Armstrong 6. (c) Age of husband or wife if alive 33 years  
7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years about 34 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fort Scott, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer at packing house

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name unknown  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Hunter  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Armstrong

(b) Address 728 E. 17th St.

17. (a) Burial (b) Date thereof 7/24/1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director W. Stalling Hills

(b) Address 1212 E. 12th St. K.C. Mo.

19. (a) 7-23-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 17  
year 42 hour 2:30 minute 0 M.

21. I hereby certify that at ended the deceased from \_\_\_\_\_, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute abdominal hemorrhage from stab wounds of abdomen  
Due to \_\_\_\_\_

Due to 167

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) homicide

(b) Date of occurrence 7/17/42

(c) Where did injury occur? 7th & Charlotte Ave  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work \_\_\_\_\_ (Specify type of place) Means of injury 7/16/42

23. Signature Optent (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 7/16/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

**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

*E. Sterling Bell*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 Pine K.C. 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.**