

Registration District No. 149 Primary Registration District No. 1002

48
80
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 401 Myrtle in ambulance
(d) Length of stay: In hospital or institution few min
In this community few min

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 89
(c) City or town Richmond, Missouri
(d) Street No. 426 East Royal
(e) Citizen of foreign country? No
If yes, name country U.S.A.

3. (a) PRINT FULL NAME JESSE HARRISON ARMSTRONG
3. (b) If veteran, name war --
3. (c) Social Security No. 495-07-7525

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 6
year 1942 hour 6 P.M. minute M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Ellen Tait
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased: October 13 1882

21. I hereby certify that I attended the deceased from Oct 5, 1942 to Oct 6, 1942
that I last saw him alive on Oct 6, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 3 Days 23
If less than one day hr. min.

Immediate cause of death: Peritonitis
Duration 2 days

9. Birthplace Ray County Missouri

Due to: Ruptured Appendix 2 days

10. Usual occupation Coal Miner

Other conditions: 12:1

11. Industry or business

PHYSICIAN

MOTHER FATHER
12. Name James Armstrong
13. Birthplace Illinois

Major findings: Of operations

14. Maiden name Marguerite Ann Francis
15. Birthplace Illinois

Of autopsy

16. (a) Informant Jesse H. Armstrong Sr.
(b) Address Richmond, Mo.

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

17. (a) Security Day Cemetery (b) Date thereof Oct. 9, 1942
(c) Place: burial or cremation Richmond Mo.

(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?

18. (a) Signature of funeral director J. P. Sheel
(b) Address 6606 Independence Ave. K.C. Mo.

While at work? (Specify type of place)
(a) Means of injury

19. (a) 10-8-42 (b) M. R. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature D. E. G. Perovich M.D. or other
Address Richmond, Mo Date signed

5-256-60-sb/h

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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