

S. No. 2
M-5-42
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8969

Registrar's No.

1375

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

FILED MAR 31 1943
Registration District No. 149

Primary Registration District No. 1602

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
1 Year (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. 305 Garfield
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ambrose Armstrong

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 20 1846
(Month) (Day) (Year)

8. AGE: Years 97 Months 21 Days 19

If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ambrose Armstrong

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

14. Maiden name Mary McClure

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

16. (a) Informant Richard Armstrong (son)
80 W 80th St.

(b) Address _____

17. (a) Burial (b) Date thereof Mar. 22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Spring Mo

18. (a) Signature of funeral director Eylar Funeral Home
1800 Linwood Blvd.

(b) Address _____

19. (a) 3/21/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 3-15-43 19. to 3-19-43 19. ;
that I last saw h. im alive on 3-19-43 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility and infirmities due to same

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____

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? _____ (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 Dwight R. Shorn (M. D. or other) _____
Address Med. Dir. K.C. Gen/Hospital Date signed _____

56'

(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

Chas Wilks

Licensed Embalmer No.

2644

P. O. Address

1800 Linwood

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.