

FILED APR 8 1943
 149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1521

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:
3223 Roberts Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____
(Specify whether
 In this community 44 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL.") 8
 (d) Street No. 3223 Roberts Street
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Ann Armstrong
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 28
 year 1943 hour 6 minute 00A.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Mr. Robert A. Armstrong
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased. December 6 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 22 1942 to March 28 1943
 that I last saw her alive on March 21 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>3</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death Arteriosclerosis
 Duration Two yrs

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

Due to 97
 Due to _____

10. Usual occupation None

Other conditions Anemia
(Include pregnancy within 3 months of death) 5 days

11. Industry or business At Home
 12. Name John A. Poole
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Lucy Jane Kelly
 15. Birthplace Virginia
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. H. R. Emms
 (b) Address 3223 Roberts St

17. (a) Burial: _____ (b) Date thereof March 30 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial of preparation Mount Moriah Cemetery

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

18. (a) Signature of funeral director S. H. Newcomer's sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 3-30-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature John L. Lapp (M. D. or other) Dr.
 Address 304 Professional Bldg Date signed 3/29-43

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

MOTHER FATHER

1514
11:30 - 3:30
Embalmer's Log

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K @ 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.