

S. No. 2
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5-17-39
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16802

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. **2051**

FILED JUN 7 1943
Registration District No. **49**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether
In this community **6 MINUTES**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7136 Jefferson**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **INFANT Armentrout**

3. (b) If veteran, name war. (c) Social Security No.

4. Sex **male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Infant**

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

7. Birth date of deceased **May 1 - 1943**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- - - - hr. **6** min.

9. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **New born**

11. Industry or business

MOTHER FATHER
12. Name **Fred J. Armentrout**
13. Birthplace **Amsterdam Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Addie Helen Lee**
15. Birthplace **Oklahoma City Okla.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Fred J. Armentrout**

(b) Address **7136 Jefferson**

17. (a) **CREMATION** (b) Date thereof **MAY 3 - 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D.W. NEWCOMER'S SONS**

18. (a) Signature of funeral director **D.W. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD**

19. (a) **5-3-43** (b) **M. M. Crown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1**
year **1943** hour **1:20** minute **a** M.

21. I hereby certify that I attended the deceased from **1:14 a.m. 5/1/43**, 19 **43**, to **1:20 a.m. 5/1/19 43**
that I last saw h. alive on **5-1-43 (1:19 a.m.)**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital atelectasis (Prematurity 6 mos)**

Duration **6 min**

Due to **159**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) **no**
(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) (b) Means of injury
23. Signature **Walter S. Slaughter M.D.**
Address **315 Alameda Rd** Date signed **5-2-43**

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

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

H. C. Newcomer

Licensed Embalmer No.

3043

P. O. Address

H. C. Newcomer

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.