

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9649
Registrar's No. 1259

Registration District No. 1949

Primary Registration District No. 1002

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 No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-9-44-3-12-44
(Specify whether years, months or days)

In this community 16 years
(years, months or days)

3. (a) PRINT FULL NAME HENRY ARMER

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-2570

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased: June 15 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 8 27 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER

12. Name Willard Armer

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

14. Maiden name Ellen

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) BURIAL (b) Date thereof 3-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND CEMETERY

18. (a) Signature of funeral director Thomson Greenstreet

(b) Address 1819 E. 15th KC Mo

19. (a) 3-21-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1816 E. 16th St. Apt. 19
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1944 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from March 9 to March 12, 1944; that I last saw him alive on March 12, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Pleurisy with effusion Duration _____

Due to Secondary Anemia

Due to _____

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) _____

(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)

23. Signature D. C. Brown (M. D. or other) _____
Address New Hope Mo 60022 Date signed 3/19/44

[Handwritten mark]

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.....
[Handwritten Signature]

Licensed Embalmer No..... *2211*

P. O. Address *1819 E. 15th - KC 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.