

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9650

FILED MAR 18 1944

Registration District No. 1944

Primary Registration District No. 1002

Registrar's 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:  
Menorah Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days  
(Specify whether years, months or days)

In this community 19 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Armstrong

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Annie E. Armstrong

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: March 15 1865  
(Month) (Day) (Year)

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

78 11 16 28 hr. min.

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

10. Usual occupation Retired

11. Industry or business Orchards

MOTHER FATHER

12. Name Oliver Armstrong

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

14. Maiden name Mary Ann Scott

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

16. (a) Informant Mrs. Annie E. Armstrong

(b) Address 4111 Walnut, St.

17. (a) Burial (b) Date thereof: 3-6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

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

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. 4111 Walnut, St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 1944 hour 11 minute 22 P. M.

21. I hereby certify that I attended the deceased from Feb 2-4 1944 to Feb 27 3-1 1944  
that I last saw him alive on Feb 27 3-1 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of stomach  
Metastasis to liver  
Sec. anemia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/6/44

Of autopsy as above

Duration unknown

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 0

23. Signature A. Morris Guebert (M. D. or other)

Address 420 Prof Bldg Date signed 3-3-44

561

SEP 18 1945

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**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**