

**FILED MAR 24 1945**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1048**

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:  
**Near 805 Linwood Blvd. in his car. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **28 yrs**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3730 Monroe**  
(If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **2**  
year **1945** hour **6:50** minute **8** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis

Due to arterio-sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings: Of operations \_\_\_\_\_

Of autopsy no history & inspection

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 J. E. Brown (M. D. or other) Armon  
Address 1424 Poplar Ave. Date signed 3-4-45

3. (a) PRINT FULL NAME **EMORY L. ARMON**

3. (b) If veteran, name war **World War I** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Susie Armon** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **Aug. 23 1896**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **6** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Waco Texas** (City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Terminal Ry Co.**

12. Name **Marion Armon**

13. Birthplace **No record** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Sorter**

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

16. (a) Informant **Susie Armon**

(b) Address **2730 Monroe**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar 7-1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Imp. Mo.**

18. (a) Signature of funeral director **Mrs C. L. Forster**

(b) Address **918 E. Brooklyn**

19. (a) **3-6-45** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

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

18  
3  
8

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

APR 2 1945

**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 Joe B. Yoder  
Licensed Embalmer No. 4173  
P. O. Address 918 Brooklyn

**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. H.C. Me.