7. S. No. 2
00M—5-43
ev. 5-17-39
o I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23482

FILED JUL 31 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3101

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:
1738 Winchester Ave.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether)

In this community: 11 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson 48

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 1738 Winchester 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William S. Armstrong

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male 0

5. Color or race: Wh

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

6. (b) Name of husband or wife: Mary Jane Jelley

6. (c) Age of husband or wife if alive: 71 years

7. Birth date of deceased: 2/21/1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	4	24	hr. min.

9. Birthplace: Easton, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired laborer

11. Industry or business: //

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Easton, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name: Unk

15. Birthplace: Unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Wm. G. Armstrong,

(b) Address: 1005 Bennington, K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/17/46 (Month) (Day) (Year)

(c) Place: burial or cremation: Easton, Mo.

18. (a) Signature of funeral director: John P. Sheil

(b) Address: Kansas City, Mo.

19. (a) 7-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 15 year 1946 hour 12 minute 41 P.M.

21. I hereby certify that I attended the deceased from July 14, 1946, to July 14, 1946, that I last saw him alive on July 14, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis acute	2 Days
Due to: Hypertension	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93a	

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: R. L. St Clair (M. D. or other)

Address: 3242 Troost Date signed: 7-14-46

(Licensed Embalmer's Statement on Reverse Side)

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

3242 St Joe 2 Mo 38

Dr. St Clair
5242 St. John
anytime from P.M.

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 John P. Shell

Licensed Embalmer No. 3625

P. O. Address K. C. 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.