

Registration District No. **150** Primary Registration District No. **5572**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Rural--Prairie Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Jackson County Emergency Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Two Weeks**  
(Specify whether  
In this community **5 Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Rural Blue Township**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Frederick Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LUCINDA M. ARMSTRONG**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Edward Armstrong**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 3, 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**74 2 8** hr. min.

9. Birthplace **Chicago, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **George W. Lee**  
13. Birthplace **Camden, New Jersey**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Ann Green**  
15. Birthplace **No Data**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Charles E. Zuvers**  
(b) Address **Rt. #2 Independence, Missouri**

17. (a) **Burial** (b) Date thereof **5/13/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mound Grove Cemetery**

18. (a) Signature of funeral director **Joland Sparks**  
(b) Address **Independence, Missouri**

19. (a) **MAY 13, 1947** (b) **Donald C. Emshour**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11th**,  
year **1947** hour **11** minutes **59 A.** M.

21. I hereby certify that I attended the deceased from **April 26th**, 19 **47** to **May 11**, 19 **47**  
that I last saw her alive on **May 11**, 19 **47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Diphtheria Mellitus**  
Duration **4 days**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations **61**  
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? \_\_\_\_\_

23. Signature **Donald C. Emshour** (Specify type of place) \_\_\_\_\_  
(a) Means of injury \_\_\_\_\_  
Address **Independence, Mo** Date signed **5/12/47**

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

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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.....

*Stanley M. Seaton*, Registered Apprentice No. *448*  
working under my personal supervision.

Signed.....*Poland R. Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Independence, Missouri*

**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.**