

FILED JUN 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 19397  
Registrar's No. 2545

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2545</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>11 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		13 <u>23</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1530 Spruce</u>				d. STREET ADDRESS (If rural, give location) <u>1530 Spruce</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James E.</u> b. (Middle) <u>Armstrong</u> c. (Last)			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>12</u> (Year) <u>1949</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 11-1872</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 48 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Armstrong</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Leshner</u>		14. NAME OF HUSBAND OR WIFE <u>Anna A. Armstrong</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Armstrong 1530 Spruce</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Angina Pectoris</u> DUE TO (c) <u>Prostatic Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PYLOMEPHROSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>341-5</u> <u>271-3</u> <u>3005</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>49</u> , to <u>June 12, 1949</u> , that I last saw the deceased alive on <u>June 12, 1949</u> , and that death occurred at <u>2:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Maurice M. Geraghty</u> (Degree or title)				23b. ADDRESS <u>P.O. 6085 Truman Rd</u>		23c. DATE SIGNED <u>6/23/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-13-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earp &amp; Sons Funeral Home</u>		ADDRESS <u>4139 Truman Road</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*William H. Eays*

Student Embalmer No. *241*

working under my personal supervision.

Signed *William H. Eays*  
Student Embalmer

Signed

*W. B. Eays*

Licensed Embalmer No. *2963*

P. O. Address *R. C. Ems*

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.

*Dr. Ems*