

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12878  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1510

1. PLACE OF DEATH  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) unk  
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
d. STREET ADDRESS (If rural, give location) 1510 Michigan 3258

3. NAME OF DECEASED (Type or Print)  
a. (First) ED b. (Middle) WILLS c. (Last) ARMSTRONG  
4. DATE OF DEATH MARCH 31 1951

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
8. DATE OF BIRTH SEPTEMBER 18 1876 9. AGE (In years last birthday) 74 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME  
11. BIRTHPLACE (State or foreign country) ARMSTRONG, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME GEORGE WILLS 13b. MOTHER'S MAIDEN NAME MANDY 14. NAME OF HUSBAND OR WIFE unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. unk 17. INFORMANT'S SIGNATURE OR NAME ELI SMITH ARMSTRONG, MISSOURI ADDRESS \_\_\_\_\_

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, asthenia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CARDIO RESPIRATORY FAILURE  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CEREBRO VASCULAR ACCIDENT  
DUE TO (c) HYPERTENSIVE CARDIO VASCULAR DISEASE  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 3-28, 1951, to 3-31, 1951, that I last saw the deceased alive on 3-31, 1951, and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Elks (Degree or title) \_\_\_\_\_ 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 4-2-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 4/9/51 24c. NAME OF CEMETERY OR CREMATORY K.C. Dental College 24d. LOCATION (City, town, or county) (State) 1013 + Wood Ave. K.C. Mo.

DATE REC'D BY LOCAL REG. 4-6-51 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Brigham Jones ADDRESS 2300 E. 18th

(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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Laurence A. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4429*

P. O. Address *2300 E. 18<sup>th</sup> K.C.O.*

**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.