

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31475
4186

State File No.

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2		d. STREET ADDRESS (If rural, give location) 1010 Troost	

3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) _____ c. (Last) Armstrong			4. DATE OF DEATH (Month) (Day) (Year) 9-22-52		
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-29-21		9. AGE (In years last birthday) 31		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) Chcotah, Okla. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY A. Right Tomato Packers		11. BIRTHPLACE (State or foreign country) Chcotah, Okla. /	

13a. FATHER'S NAME Atwell Cooksey		13b. MOTHER'S MAIDEN NAME Mamie Jackson		14. NAME OF HUSBAND OR WIFE Norman Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-03-7057		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norman Armstrong 1010 Troost	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (b) Acute bilateral viral interstitial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS (a) Severe toxic nephrosis		492X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 9-20-1952 to 9-22-1952, that I last saw the deceased alive on 9-22-1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE OF Frank Ellis MD (Degree or title)		23b. ADDRESS 600 E. 22nd Street		23c. DATE SIGNED 9-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/27/52		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			

DATE REC'D BY LOCAL REG. 9-25-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Steinhilber 1212 VINE	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

E. Sterling Bull

Licensed Embalmer No.

3178

P. O. Address.....

1212 Pine St

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.