

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11949
State File No. 1510

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's 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 town) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 YEARS		e. STREET ADDRESS (If rural, give location) 3426 COLLEGE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3426 COLLEGE AVENUE			

3. NAME OF DECEASED (Type or Print)	a. (First) PEARL	b. (Middle) NELLIE	c. (Last) ARMSTRONG	4. DATE OF DEATH (Month) (Day) (Year) APRIL 2 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APR. 13 - 1899	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min. 1 20
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and State or Foreign Country) BOONE COUNTY MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME JOHN R. NICHOL'S	13b. MOTHER'S MAIDEN NAME MARY FRANCES FORBIS	14. NAME OF HUSBAND OR WIFE L. C. ARMSTRONG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME E. M. NICHOL'S	ADDRESS 3920 W. 51 ST TERR. MILBURN, KANSAS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Melanoma Malignant Primary Left Forearm, skin Generalized Metastasis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 6 mos 2 1/2 yrs 2 1/2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio Sclerosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Head Pain		

19a. DATE OF OPERATION 2-22-54	19b. MAJOR FINDINGS OF OPERATION Malignant melanoma 190X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 1951, to 4-2, 1954, that I last saw the deceased alive on 4-1, 1954, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. M. NICHOL'S (Degree or title)	23b. ADDRESS 4443 Paces Blvd	23c. DATE SIGNED 4-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 5 1954	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 4-5-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

Dec 14 1948

5411

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.....
Signature of Student Embalmer

Signed *Robert E. Henson*.....

Licensed Embalmer No... *48*.....

P. O. Address... *K.C.M.*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.