

FILED SEP 21 1956

STANDARD CERTIFICATE OF DEATH

30574  
STATE FILE NUMBER

3782  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i> 5108		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City 3</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City North</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hospital</i>		Length of stay in 1b <i>2 YEARS</i>	d. STREET ADDRESS <i>5408 North Poe</i>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>FRANK</i> Middle <i>LEWIS</i> Last <i>ARMAGOST</i>			4. DATE OF DEATH Month <i>August</i> Day <i>27</i> Year <i>1956</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>MAY-4-1903</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MAINTENANCE MAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>KC TERMINAL R.R.</i>	11. BIRTHPLACE (City and state or country) <i>SAC COUNTY IOWA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>GEORGE EDWARD ARMAGOST</i>			14. MOTHER'S MAIDEN NAME <i>ALICE E THORP</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT <i>Mrs DOROTHY ARMAGOST</i> Address <i>5408 NORTH POE KANSAS CITY MO</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Stroke &amp; Hemorrhage, resulting from</i> fractures of pelvis, both legs, feet arms and Subdural Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>Truck Car collision</i>				
20c. TIME OF INJURY Hour Month, Day, Year a. m. <i>8:27-56</i> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	20f. CITY, TOWN, OR LOCATION <i>Kansas City, Mo</i>	COUNTY <i>Clay</i>	STATE <i>MO</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>8:10 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Depositor title) <i>Red Seal by Red Seal Pharmacy</i>			22b. ADDRESS <i>6627 Park St 1500</i>		22c. DATE SIGNED <i>8-28-56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	23b. DATE <i>AUG-30-1956</i>	23c. NAME OF CEMETERY OR CREMATORY <i>WHITE CHAPEL MEMORIAL GARDENS</i>		23d. LOCATION (City, town, or county) <i>CLAY COUNTY</i>	(State) <i>MISSOURI</i>
24. FUNERAL DIRECTOR <i>D.W. Newcomer's Sons</i>		ADDRESS <i>1331 Branch Creek</i>	25. DATE RECD. BY LOCAL REG. <i>8-29-56</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Everett L. Smith*.....

Licensed Embalmer No. *57*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.