

FILED MAR 14 1940

Registration District No. _____

Primary Registration District No. **4090**

Registrar's No. **16**

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Harrisonville mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 306 Chestnut **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 41 yrs. 6 mo. + 5 days (Specify whether years, months or days) **12**

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 306 Chestnut
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 29
year 1940 hour 11 minute 25 M. A
21. I hereby certify that I attended the deceased from 5-24-39
to 2-29-40
that I last saw him alive on 2-29-40
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Florence Hazel McInders
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced m.
6. (b) Name of husband or wife Leo Armstrong 6. (c) Age of husband 44 years
7. Birth date of deceased August 24-1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 6 Days 5 If less than one day hr. _____ min. _____

9. Birthplace Harrisonville Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Lee
13. Birthplace Harrisonville mo.
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Lottis
15. Birthplace Lamont mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leo A. McInders

(b) Address 306 Chestnut, Harrisonville

17. (a) Burial (b) Date thereof 3-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orient Cem.

18. (a) Signature of funeral director Atkinson

(b) Address Harrisonville mo.

19. (a) 3/2/40 (b) Federick M. 845
(Date of issue, local registrar) (Registrar's signature)

Immediate cause of death Acute Renuria Duration _____
due to general anesthetic
insufficiency
Due to Arterial Hypertension
Due to Chronic Interstitial Nephritis
Other conditions dropsy
(Include pregnancy within 3 months of death)
Major findings: _____ Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature David Stone (M. D. or other) 1
Address Harrisonville Mo Date signed 2/29/40
While at work? _____ (Specify type of place) (e) Means of injury _____

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

19

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Lloyd Atkinson

Licensed Embalmer No. 3920

P. O. Address

Harrisoualle

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, above space should be left blank.