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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6059

FILED MAR 14 1941

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 831

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3617 Brooklyn Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 years  
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3617 Brooklyn Ave.  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Percy T. Armitage

3. (b) If veteran name war Spanish American (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day Feb.  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Armitage 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 9, 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 8 Days 17 If less than one day  
hr. min.

Immediate cause of death  
Coronary Thrombo.

9. Birthplace Springfield, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

Due to Applied Alterations across

Due to \_\_\_\_\_

Other conditions 94a  
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Thomas D. Armitage

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Emma Gillespie

15. Birthplace Ontario 2  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 914

Of autopsy 914

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elsie Armitage

(b) Address 3617 Brooklyn Ave.

17. (a) Removal (b) Date thereof 2-28-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City Missouri

19. (a) 2/27/41 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 3

23. Signature Paul J. ... (M. D. or other) \_\_\_\_\_  
Address 1500 ... Date signed \_\_\_\_\_

**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 Clarence H. Chiles  
Licensed Embalmer No. 3473  
P. O. Address H.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 this body is not embalmed, fact should be so stated above.**