

JAN 24 1942
Registration District No. 399

Primary Registration District No. 1002

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: K. C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 26 years 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3030 Wabash
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Mr. Robert Lee Armstrong

(b) If veteran, name war No 3. (c) Social Security No. 493-12-0926

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

(b) Name of husband or wife Magdalena Armstrong 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 30 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 27 If less than one day hr. _____ min.

9. Birthplace Not known Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Stationery Fireman

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known 9

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

14. Maiden name Not Known 9

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

16. (a) Informant Mrs. Magdalena Armstrong

(b) Address 19A E. 31st Street

17. (a) Burial (b) Date thereof 12-31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) Dec 31, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27
year 41 hour 12:25 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Crushing injury of chest with lacerations.

Due to Automotive lacerations

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Pedestrian

(b) Date of occurrence 12/26/41 123

(c) Where did injury occur 27th & Santa Row (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Street Crosswalk

While at work _____ (Specify type of place) (e) Means of injury Automotive

23. Signature [Signature] (Sign or other) ?

Address [Signature] Date signed 12/27/41

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

48
3
8

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

Elmer C. Wright

Licensed Embalmer No.

3495

P. O. Address

H. C. Mo

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.