

S. No. 2
M-2-43
7. 5-17-39
P-1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5575

State File No. _____

FILED MAR 13 1946

Registrar's No. 964

Registration District No. 149

Primary Registration District No. 2002

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: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Wks.
(Specify whether _____)

In this community 4 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Inez Elizabeth DeArmon

MEDICAL CERTIFICATION

3. (b) If veteran, name war no

3. (c) Social Security No. none

20. DATE OF DEATH: Month Feb. day 25
year 1946 hour 5 minute 15 A.M.

4. Sex Female 5. Color or race Wht

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Tully DeArmon 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 1 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 9, 1946
_____, 19____, to Feb 25, 1946;

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>10</u>	<u>24</u>	<u>25</u>
				hr. _____ min.

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

Immediate cause of death: Coronary Sclerosis et Fibroelastose

Due to apoplexy / cerebral hemorrhage

Due to ?

Duration 6 wks 3 wks

9. Birthplace Parsons Kansas
(City, town, or county) (State or foreign country)

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

Major findings: 94 a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation housewife

11. Industry or business at home

12. Name Michael Elledge

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

14. Maiden name Mary Davis

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

16. (a) Informant's name Irene DeArmon

(b) Address Muncie Kansas

17. (a) removal (b) Date thereof 2-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parsons, Kansas

18. (a) Signature of funeral director Simmons

(b) Address 1404 So. 37th St. K.C. Mo

19. (a) 2-26-46 (b) Seraldine Holmes
(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? _____

While at work? _____ (Specify type of place) (c) Means of injury ?

23. Signature H. P. ... (M. D. or other) _____

Address Kansas City, Kansas Date signed 2/27/46

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

4564

18
3
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AUG 27 1958

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.....

Licensed Embalmer No.....

P. O. Address.....

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.