

FILED JAN 20 1948  
Registration District No. **49**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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 **Memorah Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12-1-47 -1-7-48**  
(Specify whether years, months or days)

In this community **See above**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lafayette**

(c) City or town **Higginsville, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **George Armentrout**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Martha**

6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **February 22, 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>78</b>	<b>10</b>	<b>15</b>	hr. _____ min. _____

9. Birthplace **Lafayette County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

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

12. Name **Madison Armentrout**

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

14. Maiden name **unknown**

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

16. (a) Informant **Alfred H. Hoefer**

(b) Address **Higginsville, Mo.**

17. (a) **removal** (b) Date thereof **1-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carder, Mo.**

18. (a) Signature of funeral director **Alfred H. Hoefer**

(b) Address **Higginsville, Mo.**

19. (a) **1-7-48** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7**  
year **1948** hour **4** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **Dec. 1, 1947**, to **Jan. 7, 1948**  
that I last saw him alive on **Jan. 7, 1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **cardiac failure** **24 hrs.**

Due to **chronic myocarditis** **years**

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

Other conditions **127 N**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **benign prostatic hypertrophy**  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause of which death should be charged statistically.

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)

Means of injury **?**

23. Signature **W. W. Keifer** (M. D. or other) \_\_\_\_\_  
Address **505 Professional Bldg K.C. Mo** Date signed **1-7-48**

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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.....  
....., 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.

WRITE PLAINLY—USE INK

10. Usual occupation farmer

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

MOTHER FATHER { 12. Name Madison Amick

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

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Clifford H. Hooper

(b) Address Higginsville Mo

17. (a) Burial (b) Date thereof 1-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Carder Mo

18. (a) Signature of funeral director Clifford H. Hooper

(b) Address Higginsville Mo

19. (a) 1-7-48 (Date received local registrar)

(b) Sheraldine Holmes (Registrar's signature)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations Benign prostatic hypertrophy

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature Clifford H. Hooper (M. D. or other)

Address 505 Professional Bldg Date signed 1-7-48

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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 *Alfred H. Hoefler*

Licensed Embalmer No. *539*

P. O. Address *Higginsville 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.