

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 202

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 132

2

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan,</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri,</u> b. COUNTY <u>Jackson,</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>OR TOWN St. Joseph</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>OR TOWN Kansas City</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no. 2,</u>  |  | d. STREET ADDRESS (If rural, give location) <u>2636 Highland, 3718</u>  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MAYME</u>  |  | b. (Middle) <u>—</u> c. (Last) <u>ARMSTRONG.</u>  |  |
| 4. DATE OF DEATH <u>Feb - 2 - 1954,</u>   |  | 5. SEX <u>Female,</u>   |  |
| 6. COLOR OR RACE <u>negro,</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated.</u>  |  |
| 8. DATE OF BIRTH <u>8-3-1907,</u>   |  | 9. AGE (In years last birthday) <u>46</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office girl.</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Receptionist.</u>  |  |
| 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri,</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Lacey Lewis</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Estlan Hill,</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>Marvell Armstrong,</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service) <u>no.</u>  |  |
| 16. SOCIAL SECURITY NO. <u>None,</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Stalen Glabstein - 2636 Highland, Kansas City, Mo</u> ADDRESS  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arterio-sclerosis,</u><br>DUE TO (c) <u>—</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u>  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR?  |  | 22. I hereby certify that I attended the deceased from <u>4-9-1953,</u> to <u>2-2-1954,</u> that I last saw the deceased alive on <u>2-2-1954,</u> and that death occurred at <u>9 P. m.,</u> from the causes and on the date stated above.   |  |
| 23a. SIGNATURE <u>Forrest Thomas,</u>   |  | 23b. ADDRESS (Degree or title) <u>M.D. State Hospital no 2 St. Joseph Mo,</u>   |  |
| 23c. DATE SIGNED <u>2-2-1954,</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>  |  |
| 24b. DATE <u>Feb 3, 1954</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Kansas City, Mo.</u>  |  |
| 24d. LOCATION (City, town, or county) (State)   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wattson Bros 18th Benton Blvd, Kansas City, Mo</u> ADDRESS  |  |
| DATE REC'D BY LOCAL REG. <u>Feb 8, 1954</u>   |  | REGISTRAR'S SIGNATURE <u>Kather M. Allison</u> <u>485-1</u>   |  |

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Bruce R. Watterman

Licensed Embalmer No. 4500

P. O. Address 18th & Benton Bl

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.