

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1699
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 397
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 387
 (c) City Kansas City (d) Street No. Menorah Hospt. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Elliott Spaulding 148

(a) Residence, No. 2840 Euclid Ave. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE WH. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adah Lee Spaulding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21st. 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>29</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Water Dept.
 9. Industry or business in which work was done, as saw mill, bank, etc. North K.C.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) N.Y.

FATHER 13. NAME Henry Spaulding

14. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Elliott

16. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

17. INFORMANT Adah Lee Spaulding (ADDRESS) 2840 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE Jan. 24th. 38

19. FUNERAL DIRECTOR Eylar Funeral Home (ADDRESS) 1800 Linwood Blvd. K.C. Mo.

20. FILED Jan 24 1938 M. M. Growe Local Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st. 1938

22. I HEREBY CERTIFY That I attended deceased from Dec. 30, 1937, to Jan 21, 1938

I last saw him alive on Jan 21, 1938 Death is said to have occurred on the date stated above, at 7:15 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary embolism.
92c
 Date of onset _____

Other contributory causes of importance:
Coronary sclerosis & myocardial fibrosis
gaugurous emboli & pericarditis
 Name of operation thrombectomy Date of 1/4/38
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Lawrence Jones, M. D.
 (Address) 400 High, C.C. Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Lawrence Jones, Argyle Bldg No. 3883
RECEIVED 5700 Charlotte Hi. 8442

FEB 19 1938

BUREAU OF VITAL STATISTICS
NO. STATE BOARD OF HEALTH

Eylar
Ri 818.

STATEMENT BY LICENSED EMBALMER

I, Oliver H. Eylar Licensed Embalmer No. 637
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Chas. Wilks
L. E. Lawrence Embalmer
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.
Signed Chas Wilks
Licensed Embalmer No. 2644

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.)