

REC'D JUN 7 1938

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

18466

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 5554 Registered No. 159
 (c) City Kansas City (d) Street No. 1628 Scott Avenue Independence, Mo. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William L. Spafford 116
 (a) Residence, No. 1628 Scott Avenue St. Independence, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna A. Spafford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 26, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 2 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Lester K. Spafford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

MOTHER 15. MAIDEN NAME Katherine A. Bailey

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

17. INFORMANT Mrs. Edna A. Spafford
 (ADDRESS) 1826 Scott Ave., Independence, Mo.

18. BURIAL CREMATION OR REMOVAL Elmwood Cem.
 PLACE Kansas City, Mo. DATE May 26, 1938

19. FUNERAL DIRECTOR Stine & McClure
 (ADDRESS) Kansas City, Missouri

20. FILED 5-26-38 J. L. back
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1937, 19....., to May 24, 1938, 1938

I last saw him alive on May 24, 1938, 19..... Death is said to have occurred on the date stated above, at 1:15 P.M.

The principal cause of death and related causes of importance were as follows:

myocardial infarction
(Coronary occlusion)

Date of onset
Dec 4, 1937

Other contributory causes of importance:

Pulmonary infarction
arteriosclerosis

April 7, 1938

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) R. J. Gask, M. D.

(Address) Independence, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)