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FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30863

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3426

WRITE PLAINLY—USE 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: Kansas City General Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether

In this community 32 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2539 Holmes Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME Dr. Samuel Curtis Spangler

3. (b) If veteran, name war Not A Veteran

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 Maude K. Spangler

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

7. Birth date of deceased March (Month) 25 (Day) 1871 (Year)

8. AGE: Years 69 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation Chiropractor

11. Industry or business --

FATHER
12. Name Le Roy Spangler
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lucinda Smith
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant George Spangler

(b) Address McAlister, Oklahoma

17. (a) Muskotah, Kansas (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Muskotah Kansas

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from 3:00 a.m. to 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death — Duration

Acute generalized peritonitis

Due to Rupture of sigmoidal ulcer

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN 120

Underline the cause to 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Arthur W. Burton (M.D. or other)

Address K.C. Mo. Date signed

(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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. Co. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.