

No. 2
4-13-40
5-17-39
I X231

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34527**

NOV 10 1940
Registration District No. **599**

Primary Registration District No. **1002**

Registrar's No. **4013**

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: 3200 Woldedge 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

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

(d) Street No. 415 Manchester
(If rural, give location)

(e) If foreign born, how long in U. S. A. no years.

3. (a) PRINT FULL NAME Lincoln Spiker

3. (b) If veteran, name war No (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18 year 1940 hour 8 minute P M.

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Molly Spiker 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased 2-14-1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-22-40 19....., to 10-18-40 19.....; that I last saw him alive on 10-18-40 19.....; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 8 4 hr. min.

Immediate cause of death arteriosclerosis

Due to _____

Due to _____

9. Birthplace Hancock Co Ill
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 97

10. Usual occupation Laborer

Major findings: Of operations _____ Of autopsy _____

11. Industry or business no

12. Name William Spiker

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

14. Maiden name Garland Vincent

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

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Thomas

(b) Address 415 Manchester

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Ind

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director John P. Shine

(b) Address 6606 Ind ave

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

19. (a) 10-21-40 (b) H. M. Grome
(Date received local registrar) (Registrar's signature)

23. Signature W. J. [unclear] (M. D. or other) _____
Address 3200 Woldedge Date signed 10-21-40

OK 12 25

3200 = month
BE 3319 =

Mr. Lawrence Jones
We 9500

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.