

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1465**

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:  
**4218 Prospect Avenue**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **35 Years**  
(Specify whether 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. **4218 Prospect Avenue**  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Mrs. Sallie A. McHargue Spickard**

3. (b) If veteran, name war: **None**

3. (c) Social Security No. **none--None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mr. A.W. Spickard**

6. (c) Age of husband or wife if alive **78** years

7. Birth date of deceased: **April 2 1864**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12** year **1941** hour **10** minute **20A.M.**

21. I hereby certify that I attended the deceased from **10-1**, 19**40** to **4-11**, 19**41**;  
that I last saw h.e.r. alive on **4-11**, 19**41**;  
and that death occurred on the date and hour stated above.

8. AGE: Years **77** Months **0** Days **10** If less than one day  
hr. min.

Immediate cause of death **Chronic Myocarditis**  
**Cardiac Decompensation**

Due to **Senility**

Other conditions **92.5**  
(Include pregnancy within 3 months of death)

9. Birthplace **Laurel County Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **John McHargue**

13. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Owen**

15. Birthplace **Unknown Kentucky**  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant **Mr. A.W. Spickard**

(b) Address **4218 Prospect Avenue**

17. (a) **Removal** (b) Date thereof **April 14, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trenton, Missouri**

18. (a) Signature of funeral director **D. H. Newcomers**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Apr 13, 1941** (b) **M. M. Cronin**  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **L. James Larimore** (M.D. or other) **D.O.**  
Address **1010 Chambers Bldg.** Date signed **4-12-41**

*Chamberlain & Perry*

**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 *C. Hervey Chamberlain*

Licensed Embalmer No. *40701*

P. O. Address *K. C. Mo.*

**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.**