

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: MENORAH HOSPITAL
(d) Length of stay: In hospital or institution 3.5 years
In this community 3.5 years

3. (a) PRINT FULL NAME FANNIE SPILLMAN
(b) If veteran, name war NO
(c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
(b) Name of husband or wife JOSEPH SPILLMAN
(c) Age of husband or wife if alive 52 years
7. Birth date of deceased MARCH 24 1889

8. AGE: Years 52 Months 1 Days 27
If less than one day hr. min.

9. Birthplace WARSAW POLAND
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER
12. Name MANUEL ENGEL
13. Birthplace POLAND
14. Maiden name ROSE
15. Birthplace POLAND

16. (a) Informant JOSEPH SPILLMAN
(b) Address 4416 PASEO, K.C. MO

17. (a) BURIAL (b) Date thereof 5-22-41
(c) Place: burial or cremation MT. CARMEL

18. (a) Signature of funeral director J. P. LOUIS FUNERAL HOME
(b) Address 3400 WOODLAND K.C. MO

19. (a) May 22, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 4416 PASEO
(e) If foreign born, how long in U. S. A.? 35 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 21
year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 11, 1939, to May 21, 1941, that I last saw her alive on May 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of the breast

Due to: 4/6

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

Major findings: Of operations: Carcinoma of sigmoid
Of autopsy: _____

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

23. Signature: M. M. Brown (M. D. or other)
Address: _____ Date signed: _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

828

DR SHAPIRO
ARGYLE ISLOG
11:00

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.....

MYSELF

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Bert Legan

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, 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.