

2-40
39
23159

Registration District No. 398 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Blue Independence
(c) Name of hospital or institution: 311 Kentucky Ave
(d) Length of stay: In hospital or institution 50 yrs
In this community 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Blue Independence
(d) Street No. 311 Kentucky Ave
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Fred Thompson Spake
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Spake 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased August 1st 1869

8. AGE: Years 71 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Knobnoster, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Meat packer

11. Industry or business

MOTHER FATHER { 12. Name Abijah C. Spake
13. Birthplace Indiana
14. Maiden name Mary Thompson
15. Birthplace Missouri

16. (a) Informant Emma Spake
(b) Address 311 Kentucky

17. (a) Woodlawn Cem (b) Date thereof July 2, 1941
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Missouri

19. (a) July 2/41 (b) F. Schooler
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1941 hour 2 minute a M.
21. I hereby certify that I attended the deceased from June 10 1941 to June 29 1941
that I last saw him alive on June 29 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Duration 2 days

Due to
Due to
Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
PHYSICIAN
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

360 (Specify type of place) While at work? (b) Means of injury
23. Signature Fred W. Spake (M. D. or other)
Address Independence, Mo. Date signed 7/1/41

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

OCT 14 1944

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 *me*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Roland Speaks*

Licensed Embalmer No. *3604*

P. O. Address *Independence, 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.