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-39
K28390

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

Registration District No. 402

Primary Registration District No. 553317

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jacks Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months, or days 2 weeks

3. (a) PRINT FULL NAME Charles Robert Spencer

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____

7. Birth date of deceased June 30 - 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
15 | 11 | 26 | _____ hr. _____ min.

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

10. Usual occupation School Boy

11. Industry or business School

MOTHER FATHER
12. Name C. S. Spencer
13. Birthplace Mahaska Co, Iowa
(City, town, or county) (State or foreign country)
14. Maiden name King n Torrence
15. Birthplace Eureka, Kan.
(City, town, or county) (State or foreign country)

16. (a) Informant C. S. Spencer

(b) Address 1810 ~~St~~ 32 St N.C. Kan.

17. (a) removal (b) Date thereof 6-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Kansas

18. (a) Signature of funeral director H. B. Spangford
(b) Address Jacks Summit, Mo.

19. (a) 6-30-41 (b) James E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kan (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 ~~St~~ 32 St
So. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26-41
year _____ hour _____ minute 10:30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw _____ and that death occurred on the date and hour stated above.

Immediate cause of death Death by Drowning
Duration _____

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 18 2/3

Major findings:
Of operations 26
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) Accident

(b) Date of occurrence 6-26-41

(c) Where did injury occur? Jacks Summit, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
yes (Specify type of place) (e) Means of injury _____

23. Signature James E. Brown (M. D. or other) 3
Address J.E. Mo Date signed 6-26-41

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..... *H. B. Langford*
Licensed Embalmer No. *5833*
P. O. Address *Leis Summit*

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.