No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 27393

Registrar's No. 3051

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: 4025 Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 years /
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. 4025 Main Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John Warren Spoor

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Eleanor E. Spoor

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased June 18, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	23	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Allen M. Spoor
13. Birthplace ..... Vermont /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Wicks
15. Birthplace ..... Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eleanor E. Spoor
(b) Address 4025 Main Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street

19. (a) 8/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11th
year 1941 hour 6 minute 4 M.

21. I hereby certify that I attended the deceased from Oct. 10, 1938, to Aug 11, 1941
that I last saw him alive on Aug. 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion — Duration 3 yrs

Due to arterial sclerosis
arterial Sclerosis

Due to

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

Major findings:
Of operations 9 4a

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? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature Mary J. Lower (M. D. or other) D
Address 4116 Walnut St Kansas City Date signed 8-11-41

(Licensed Embalmer's Statement on Reverse Side)

4116 Walnut
Have until 5:00

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.....

....., 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.