

**FILED MAR 9 1942**

Registration District No. ....

Primary Registration District No. **1002**

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:  
**Brookside Hotel,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since 1-17-42.**  
In this community **35 years,** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri,** (b) County **Jackson, 48**  
(c) City or town **Kansas City, 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Brookside Hotel, 8**  
(If rural, give location)  
(e) Citizen of foreign country? **X** (Yes or No)  
If yes, name country **X 0**

3. (a) PRINT FULL NAME **Edward Joseph Spencer.**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed,**  
6. (b) Name of husband or wife **Nellie Maude Spencer,** 6. (c) Age of husband or wife if alive **dec.** years  
7. Birth date of deceased **March 3 1870**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**71 11 7** ..hr. ..min.

9. Birthplace **Missouri, 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Insurance,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **J. M. Spencer,** 13. Birthplace **Kentucky, 1**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Amanda Blachard,**  
15. Birthplace **Missouri, 0**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James E. Spencer,**  
(b) Address **Brookside Hotel, Kansas City, Mo.**

17. (a) **Burial** (b) Date thereof **2-02-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2/11/42** (b) **D. M. Crowe**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **10th**  
year **1942** hour **1:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **1-24** 19**42** to **2-10** 19**42**  
that I last saw him alive on **2-9-** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of sigmoid & peritoneum**  
Due to **4/6/42**  
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma sigmoid & peritonitis**  
Of autopsy **Carcinoma sigmoid & peritonitis**  
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?

While at work (Specify type of place) (e) Means of injury.....  
23. Signature **E. Black** (M. D. or other) **MD**  
Address **1778 P.W. Bldg** Date signed **2/10/42**

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

Dr. D. R. Black

APR 18 1944

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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.....

*E. M. Plank*

Licensed Embalmer No.....

*1848*

P. O. Address.....

*Kansas City*

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.