

FILED APR 8 1942

Registration District No. 99

Primary Registration District No. 1002

Registrar's No. 1210

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:
St. Mary's Hosp. II
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution II Days
(Specify whether
In this community 17 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Mrs. Lucile Aty Spencer
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race Wht
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harry L. Spencer
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Aug. 20 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 4 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Frank S. Putnam

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Laura Peacock

15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Ken Blechery

(b) Address Linnin Lake K.C.Ks.

17. (a) Burial (b) Date thereof 3/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park K.C.Ks.

18. (a) Signature of funeral director Simmons F. Noma

(b) Address 1404 S. 37 K.C.Ks.

19. (a) 3-26-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City, Ks. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 54th & Metropolitan Ave.
R.R. #2 K.C.Ks. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 24
year 1942 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 23, 1941, to Mar. 24, 1942
that I last saw h. or alive on Mar. 24, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death diffuse sub-spontaneous myocardial infarction
hemorrhage Duration 14 days

Due to Generalized arteriosclerosis

Due to hypertension

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

Major findings: Of operations None

Of autopsy Same as above

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 W. M. Crowe (M. D. or other) 0
Address 3119 S. 17th Date signed 3/29/42

MOTHER FATHER

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. Simmons

Licensed Embalmer No. 3903

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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

1. Manuscripts containing fragrances will not be accepted; draw one line through error and write above it.

2. An item already amended once by affidavit cannot be amended again by affidavit.

3. A surname is changed by court order or by adoption or legitimation procedures.

OK
RA

The Division of Health of Missouri

State of Missouri
County of Jackson } ss.

BUREAU OF VITAL STATISTICS

State File No. 9894-42

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1210

On this 11 day of February, 1959, before me appears

Mary Lou Stosberg, who, upon her oath, states that the original record of ^{birth} death for Lucile Aty Spencer ^{born} March 24, 1942, in the State of

Missouri, and which was filed at Kansas ^{died} Jefferson City, Missouri on 3-26-42, 1942, should be corrected as follows:

Item No. 16 should read Mrs. Mary Lou Stosberg
Instead of Mrs. Mary Lou Starberg

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Mary Lou Stosberg ^{Daughter}
8427 Greenwood ^{Relationship.} ICC 3370

Present Address

Subscribed and sworn to before me this 11 day of Feb., 1959.

My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

