V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9304

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1499

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 600 E 12th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 0
(d) Street No. 3423 S 9th (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JACOB J. SPIES
3. (b) If veteran, name war World War I
3. (c) Social Security No. NONE

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Sept (Month) 2 (Day) 1893 (Year)

8. AGE: Years 49 Months 6 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business none
FATHER
12. Name Jacob Spies
13. Birthplace (City, town, or county) Russia (State or foreign country)
MOTHER
14. Maiden name Margaret Rowe
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Anna Spies
(b) Address Paola, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 29 (Day) 43 (Year)
(c) Place: burial or cremation Holy Cross Paola, Ks.
18. (a) Signature of funeral director Roy Wilson
(b) Address Paola Kans
19. (a) 2/28/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29 year 43 hour 1:35 A. minute M.
21. I hereby certify that I attended the deceased from Crowe, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wounds of the head and abdomen.
Due to
Due to Trauma by firearms 166
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See above

Duration

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) Homicide
(b) Date of occurrence 3/26/43
(c) Where did injury occur? 600 E 12th (City or town) Kans (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Tavern (Specify type of place)
While at work? No (e) Means of injury
23. Signature O. J. Seth 3/26/43 (M.D. or other)
Address Kans Date signed 3

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1948

MAY 10 1948

APR 22 1948

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 Peter B. Lazeteria

Licensed Embalmer No. 4273

P. O. Address KC 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.