V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17163

State File No. 17163

FILED MAY 25 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2168

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: 1615 E. 39th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County 999
(c) City or town Angleton 41
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredrick Joseph Spohrer
3. (b) If veteran, name war World War I
3. (c) Social Security No. 454-05-8119
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edna Spohrer
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased February (Month) 23 (Day) 1891 (Year)

8. AGE: Years 52 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Electrician
11. Industry or business Austin Construction Co.
FATHER
12. Name Peter Spohrer
13. Birthplace Danville (City, town, or county) Pennsylvania (State or foreign country)
MOTHER
14. Maiden name Nettie Hamilton
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edna Spohrer
(b) Address 1615 E 39th St Kc, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director Simmons
(b) Address 646
19. (a) 5-10-48 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9 year 48 hour 2:30 minutes A. M.
21. I hereby certify that I attended the deceased from Chron, to, 19..; that I last saw him alive on, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Chronic hypertensive heart disease
Due to 94 hrs
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Not done

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)
(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 Peter Lowe (Coroner) Date signed 5/8/48
Address

361

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

JUN 1 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.....

Licensed Embalmer No.....

P. O. Address.....

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.