

JUL 13 1949
 Registration District No. **49**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **2101 W 36th**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **210 W 36** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **SPENGLER-LEFFIE ROYSE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **June** day **28**
 year **1943** hour _____ minute _____ M.

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

21. I hereby certify that I attended the deceased from _____, to _____, 19____; that I last saw h. **Deputy Coroner**, 19____; and that death occurred on the date and hour stated above.

4. Sex: **Female** 5. Color or race: **Wh**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **Aug 26, 1880**
 (Month) (Day) (Year)

Immediate cause of death: **Arteriosclerotic heart**

8. AGE: **62** Years **10** Months **20** Days If less than one day _____ hr. _____ min.

Due to **Disease**

9. Birthplace: **KANSAS**
 (City, town, or county) (State of foreign country)

Due to **93d**

10. Usual occupation: **none**

Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business: **Saleswoman**

Major findings: Of operations _____

12. Name: **William Royse**
 13. Birthplace: **Springfield Kentucky**
 (City, town, or county) (State or foreign country)

Of autopsy: **See above**

14. Maiden name: **Mary J. West**
 15. Birthplace: **Scranton, Penn**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant: **Josephine R. Cox**
 (b) Address: **309 S 12th St Joplin Mo**

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof: **7-1-43**
 (Method, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **St Joseph Mo**

(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? _____

18. (a) Signature of funeral director: **S. O. DARTH**
 (b) Address: **K.C. Mo**

While at work? _____ (Specify type of place) Means of injury _____

19. (a) **6-30-43** (b) **P. E. Brown**
 (Date received local registrar) (Registrar's signature)

23. Signature: **A. E. Walker** (M. D. or other) **M.D.**
 Address: **23 M. & C. St** Date signed: **7/28/49**

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

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.....

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.