

FILED JUN 24 1943

Registration District No. **149**

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:
4018 Paseo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4018 Paseo**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **---**

3. (a) PRINT FULL NAME **Mrs. Amelia Margaret Knecht Spies**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mr. Charles Spies** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **June 23 1856**
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **29** If less than one day **---** hr. **---** min.

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

10. Usual occupation **At Home**

11. Industry or business **---**

12. Name **Peter Knecht**

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

14. Maiden name **Katherine Webber**

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

16. (b) Informant **Mrs. G. A. Wade**

(b) Address **4018 Paseo**

17. (a) Removal **June 3, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Council Bluffs, Iowa**

18. (a) Signature of funeral director **W. H. Newcomer's Son**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **6-3-43** (b) **M. M. Groves**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
 year **1943** hour **10** minute **20 A.** M.

21. I hereby certify that I attended the deceased from **July 1943** to **June 2 1943**
 that I last saw her alive on **June 1 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart failure** Duration **2 hrs**

Due to **Chronic myocarditis** **5 yrs**

Due to **Arteriosclerosis** **5 yrs**

Other conditions **Glomerulonephritis** **5 yrs**
(Include pregnancy within 3 months of death)

Major findings: **151 P**
 Of operations **---**
 Of autopsy **---**

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 **Allen L. Hersh** (Date received local registrar) **6-2-43**
 Address **1100 Perry St.** Date signed **6-2-43**

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

MOTHER FATHER

12-1-15
1100 Professional Bldg, 8:00 P.M.

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 Emile M. Calhoun
Licensed Embalmer No. 3506
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.