

FILED AUG 6 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3067**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1400 Bennington
(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)

In this community **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, Missouri**
(If outside city or town limits, write "RURAL")

(d) Street No. **1400 Bennington**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Jack Spencer**

3. (b) If veteran, name war **-- no**

3. (c) Social Security No. **495-03-1084**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joan Stall Spencer**

6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **March 15, 1889**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	3	25 26	hr. min.

9. Birthplace **Minnesota**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tuck Pointer**

11. Industry or business _____

MOTHER FATHER {

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Joan Spencer**

(b) Address **1400 Bennington, K.C. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 13-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Green Lawn Cemetery**

18. (a) Signature of funeral director **Sheil Funeral Home**

(b) Address **6606 Indep. Ave. K. C. Mo.**

19. (a) **7-12-43** (Date received local registrar) (b) **J. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July 11-43** day **10**
year **1943** hour **12** minute **15** **A** M.

21. I hereby certify that I attended the deceased from **July 6th**
1943 to **July 11**, **1943**
that I last saw him alive on **July 11**, **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration 8 days

Due to **Coronary Thrombosis**

Due to _____

Other conditions **107**
(Include pregnancy within 3 months of death)

Major findings: **107**

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 **2**

23. Signature **Dr. Arthur L. Pickersell, D.O.** (M.D. or other)
Address **6423 E. 15th, K.C. Mo** Date signed **7-12-43**

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

Dr. Olaf Coleman
6047 E 15th Be 1060

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.