. S. No. 2
OM—5-42
ev. 5-17-39
PI X32873

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

State File No. F 30979

FEB SEP 21 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3750

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mercy Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs. (Specify whether In this community 10 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 99

(a) State Kans (b) County 14

(c) City or town Olathe (If outside city or town limits, write "RURAL") O

(d) Street No. 130 N. Mahaffie (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Judy Leone Spurlock

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 3 (Day) 1943 (Year)

8. AGE: Years | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Olathe (City, town, or county) Kans (State or foreign country) 1

10. Usual occupation infant

11. Industry or business

FATHER
12. Name John Spurlock
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lillian Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mercy Hosp.

(b) Address K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/30/43 (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kans

18. (a) Signature of funeral director Sebbeto's

(b) Address K.C. Mo.

19. (a) 8-30-43 (Date received local registrar) (b) Dep. P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30 year 1943 hour 2:45 minute a. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h... alive on Cosones, 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia 107

Due to

Due to No predisposing cause

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)

(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 [signature] 3 (M. D. or other)

Address K.C. Mo. Date signed 8/30/43

(Licensed Embalmer's Statement on Reverse Side)

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 Ray C. Snow

Licensed Embalmer No. 2560

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.