

FILED DEC 3 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: St. Mary's Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 hours  
(Specify whether  
in this community as above  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County \_\_\_\_\_  
(c) City or town Osawatomie,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1115 So. 5th Street,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? X 2 years.

3. (a) PRINT FULL NAME Lewis V. Spellman

3. (b) If veteran, name war no. 3. (c) Social Security No. 514-18-0377

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased October 21 1926  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
17 0 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Student,

11. Industry or business High School,

12. Name Frank Spellman

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

14. Maiden name Jewell Dunaway,

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

16. (a) Informant Frank Spellman,

(b) Address Osawatomie, Kansas.

17. (a) Removal (b) Date thereof 11-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osawatomie, Kansas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo

19. (a) 11-11-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11  
year 43 hour 6:05 min. \_\_\_\_\_ M.

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

Immediate cause of death Fracture of the skull

Due to Automobile trauma

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Of autopsy See above

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

(a) Accident, suicide, or homicide (specify) Accident 136

(b) Date of occurrence 11/11/43

(c) Where did injury occur? Osawatomie, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway Car

While at work? No (Specify type of place) (e) Means of injury Automobile

23. Signature N. E. Brown 3 (Date or other) 11/11/43

Address Osawatomie Date signed \_\_\_\_\_

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

FEB 27 1946

**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.....

*John H. Hurley*

Licensed Embalmer No. *4050*

P. O. Address.....

*R. E. Hurley*

**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, above space should be left blank.**