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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

Registration District No. 1419

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1749

Registrar's No. 95

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: Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 2 years 4 months
years, months or days 10 yrs

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5331 Highland
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME CHAUNCEY SPAULDING

3. (b) If veteran, name war No Rec.

3. (c) Social Security No. No Rec.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife No Record

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

7. Birth date of deceased February (Month) 14th (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
91	10	21	hr. min.

9. Birthplace ____ (City, town, or county) New York 1 (State or foreign country)

10. Usual occupation None

11. Industry or business ____

FATHER
12. Name Gillis Spaulding
13. Birthplace ____ (City, town, or county) No Record 9 (State or foreign country)

MOTHER
14. Maiden name Amanda Eaton
15. Birthplace ____ (City, town, or county) No Record 9 (State or foreign country)

16. (a) Informant Sister St. Thiele

(b) Address 5331 Highland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's ~~Cemetery~~

18. (a) Signature of funeral director Burk & Tobin

(b) Address 20 West Linwood--K.C., Mo.

19. (a) Jan 8, 1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1944 hour 5: minute 00 P.M.

21. I hereby certify that I attended the deceased from December 3rd, 1943, to January 4th, 1944 that I last saw him alive on January 1st, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Broncho Pneumonia	3 da.
Due to Carcinoma of Bowel	1 yr.
Due to Arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death) 46 e	

Major findings:
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature J. T. Skinner MD (M. D. or other)

Address 1404 Bryant Bldg. Date signed 1/5/44

(Licensed Embalmer's Statement on Reverse Side)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Charles M. Zuerk

Licensed Embalmer No. 3774

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.