

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

2
43
39
35697

FILED FEB 3 1949
Registration District No. _____

Primary Registration District No. 1002

State File No. _____

Registrar's No. 150

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:
General Hospital No. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 12-29-43-1-4-44
(Specify whether years, months or days)

In this community 41 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 18

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 6

(d) Street No. 2219 Michigan
(If rural, give location)

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME SALLIE B. SPENCER

3. (b) If veteran, name war No

3. (c) Social Security No. 710

4. Sex Female 3 5. Color or race Negro

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

6. (b) Name of husband or wife unk

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

7. Birth date of deceased May 30 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	7	5	_____ hr. _____ min.
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9. Birthplace Boone Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER {

12. Name Allen Woods

13. Birthplace Boone Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Brown

15. Birthplace Boone Co. Mo. 7
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Adams Bros.

18. (a) Signature of funeral director Ed Adams

(b) Address 2000 E. 12th St. K.C. Mo

19. (a) Jan 13 1944 (b) J. E. Brewer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1944 hour 1:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 29
1943 to January 4, 1944

that I last saw her or alive on January 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive heart failure Duration _____

Due to Hypertensive type heart disease with Anasarca

Due to _____ 930

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place)

Means of injury D

23. Signature J. E. Brewer (by D. or other)

Address Gen Hosp. # 2 600 E. 22nd Date signed 1/10/44

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 the above constitutes grounds for revocation of license.)

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