

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution:
4733 VIRGINIA AVENUE
(d) Length of stay: In hospital or institution: 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
(d) Street No. 4733 VIRGINIA AVENUE
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR. DURWARD ARNOLD SPENCER
(b) If veteran, name war No (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB day 10TH
year 1944 hour 12 minute NOON M.
21. I hereby certify that I attended the deceased from February 6, 1944 to Feb. 10, 1944
that I last saw him alive on Feb. 10, 1944 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased NOVEMBER 7-1883 (Month) (Day) (Year)

Immediate cause of death Broncho Pneumonia
Due to Cerebral Hemorrhage 2 weeks
Due to Arterio Sclerosis, Hypertension Years
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 3 Days 3 If less than one day hr. min.

9. Birthplace WHITE COUNTY INDIANA (City, town, or county) (State or foreign country)

10. Usual occupation CHIROPODIST
11. Industry or business OFFICES - ALTMAN BLDG.

Major findings: Of operations _____
Of autopsy 830!
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name JOHN W. SPENCER
13. Birthplace WHITE COUNTY INDIANA (City, town, or county) (State or foreign country)
14. Maiden name LYDIA ANN ARNOLD
15. Birthplace WHITE COUNTY INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G. A. Spencer
(b) Address 4733 Virginia
17. (a) BURIAL (b) Date thereof FEB 12 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY

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? _____

18. (a) Signature of funeral director W. H. Newcomer
(b) Address 1401 BRUSH GREEK BLDG.
19. (a) 2-11-44 (b) T. C. Brown (Date received local registrar) (Registrar's signature)

23. Signature Joseph A. Fogarty, D. or other
Address 6827 Northman Rd Date signed 2/10/44
N.C. Mo

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(Licensed Embalmer's Statement on Reverse Side)

12-5
W. C. Newcomer
1304

JAN 12 1945

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 W. C. Newcomer Jr
Licensed Embalmer No. 4043
P. O. Address W. C. 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.