

FILED MAY 10 1944

Registration District No. **1272**

Primary Registration District No. **3013**

Registrar's No. **52**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **North Kan City Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **(none) 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community: **unknown** (Specify whether)

3. (a) PRINT FULL NAME **FRED-H-SPENGE MAN**

3. (b) If veteran, name war **no** 3. (c) Social Security **#98-09-9857-**

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **no**

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

7. Birth date of deceased **Dec - 26 - 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **3** Days **30** If less than one day _____ hr. _____ min.

9. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Business**

12. Name **Fred W. Spengeman**

13. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Margie Schlapprizzi**

15. Birthplace **St Louis Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Police Department**

(b) Address **no KC - Missouri**

17. (a) **Burial** (b) Date thereof **4-29-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **St Louis Mo**

18. (a) Signature of funeral director **Morton Funeral H**

(b) Address **no Kan City Mo**

19. (a) **Apr 27-1944** (b) **Rich A Henry**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas city mo 4**
(If outside city or town limits, write "RURAL")
(d) Street No. **2803 East 31 Street**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1944** hour **8:50** minute **2** M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death **suicide** Duration _____

Due to _____

Due to **coroner case 1648**

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

Major findings: _____

Of operations **coroner case**

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) **suicide**

(b) Date of occurrence **April 25-1944**

(c) Where did injury occur **NORTH KAN CITY - CLAY - MO**
(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) (e) Means of injury **3**

23. Signature **R.W. Pracher** **CORONER**
(M. D. or other)

Address **Explosion Springs Mo** Date signed **4-26-44**

MOTHER FATHER

1001

1944

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 5-9-44

SEP 1 1944

JUN

9 1944

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 D. Marton

Licensed Embalmer No. 4349

P. O. Address No Kansas

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 52

Registration District No. 22 Primary Registration District No. 3013

1. PLACE OF DEATH:
(a) County Clay
(b) City or town North Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME Fred H. Spengeman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 26 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 57 Days 3 If less than one day _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

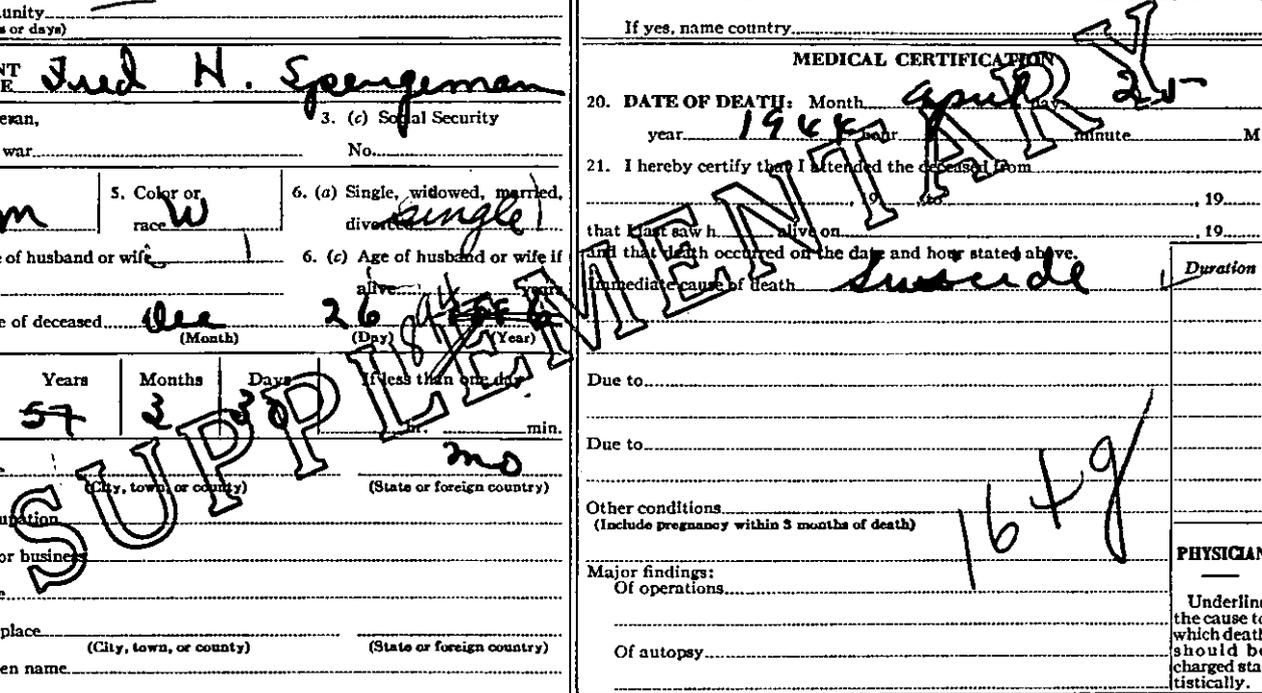
16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April year 1944 hour _____ minute _____ 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 suicide Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence April 25-1944
(c) Where did injury occur? North Kansas City Clay Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? North Kansas City jail (Specify type of place) (e) Means of injury not stated
23. Signature _____ (M. D. or other) _____
Address _____ Date signed 4-26-44



SUPPLEMENTAL

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

14452

JUN 9 1946