

S. No. 2  
DM-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
U. S. GOVERNMENT PRINTING OFFICE  
1944  
STANDARD CERTIFICATE OF DEATH

State File No. 24861  
Registrar's No. 75

Registration District No. 158  
Primary Registration District No. 4239

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Leis Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
320 So Douglas  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 200 (Specify whether years, months or days) 3 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Leis Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 So Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME William Edward Spooner  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 16  
year 1944 hour 9 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 1 PM  
June 16, 1944, to June 16, 1944  
that I last saw him alive on 6/16 - 1944;  
and that death occurred on the date and hour stated above.

4. Sex MO 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

Immediate cause of death Prison from Bee Stings  
Duration 8 1/2 hrs.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

7. Birth date of deceased: Nov 21 - 1946  
(Month) (Day) (Year)

8. AGE: Years 3 Months 6 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (include pregnancy within 3 months of death) 194  
Major findings: Of operations 99  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Baby

11. Industry or business \_\_\_\_\_

12. Name of MOTHER FATHER Donald Spooner

13. Birthplace Leis Summit Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Helen Oldham

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

16. (a) Informant ma Helen Spooner  
(b) Address Leis Summit Mo

17. (a) Burial (b) Date thereof June 18 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 048  
(b) Date of occurrence 6-16-44  
(c) Where did injury occur? Leis Summit Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
While at work? No (Specify type of place) (e) Means of injury Bee Stings  
Signature D. Jenkins (M. D. or other) SO.  
Address Leis Summit Date signed 6-17-44

18. (a) Signature of funeral director F. M. Schuch  
(b) Address Leis Summit Mo  
19. (a) June 17, 1944 (b) F. M. Schuch  
(Date received local registrar) (Registrar's signature)

**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 N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit

**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.**