No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 26 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1449

Registrar's No. 124

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: 5604 EAST 11TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: --
(Specify whether years, months or days)
In this community: 15 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 45
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 5604 EAST 11TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: MRS. WANDA LAVERNE SPENCER

3. (b) If veteran, name war: NO

3. (c) Social Security No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: MR. JAMES W. SPENCER

6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: JULY (Month) 14 (Day) 1913 (Year)

8. AGE: Years 31 Months 5 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace: LEE MORE (City, town, or county) CALIFORNIA (State or foreign country)

10. Usual occupation: HOUSE WIFE

11. Industry or business: --

MOTHER FATHER
12. Name: JESSE T. STUBBS
13. Birthplace: PLATTE COUNTY (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: AMANDA SHAFFER
15. Birthplace: EDGERTON (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: Mr. James W. Spencer
(b) Address: 5604 East 11th Street

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: CAMDEN POINT MISSOURI

18. (a) Signature of funeral director: D. W. Newcomers Son
(b) Address: 1401 Brush Creek Blvd.

19. (a) 1-9-45 (Date received by local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 7TH year 1945 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Mar 27, 1944 to 9-29-44 that I last saw h. alive on 9-29-44 and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant metastasis to brain

Due to: Lymphosarcoma of the stomach

Due to: of the spleen for year (Biopsy)

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

Major findings: Of operations: 55K

Of autopsy:

Duration

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: [illegible] (M. D. or other)
Address: 1010 Rialto Blvd. Date signed 1-9-45

(Licensed Embalmer's Statement on Reverse Side)

Injuries
X-Ray. St. Marys

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. C. Newcomer Jr.

Licensed Embalmer No. 4048

P. O. Address K. 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.