S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20527

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2561

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. Rockhurst College-5225 Troost 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Brother Edward D. Spillane S.J.
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
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 December 9, 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	5	29	hr. min.

9. Birthplace Denver (City, town, or county) Colorado (State or foreign country)
10. Usual occupation Brother in Religion-
11. Industry or business Rockhurst College
FATHER
12. Name Jeremiah J. Spillane
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Dooris
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
16. (a) Informant Rev. Matoushek
(b) Address 5225 Troost.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's
18. (a) Signature of funeral director Thomas E. Quirk
(b) Address 4316 Troost Ave.
19. (a) 6-10-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1946 hour 5:30 minute p. M.
21. I hereby certify that I attended the deceased from 5-20 1946, to 6-8 1946; that I last saw him alive on 6-4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tuberculoma — Duration
Due to T.B. of chest
Due to Chronic T.B.
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) (e) Means of injury 0
23. Signature J. Panke (M. D. or other)
Address City Date signed 6-10-46

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Quinlan

Licensed Embalmer No. 2775

P. O. Address 4316 Troost Ave.

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.