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

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1946

State File No. 20528

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2505

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 997

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1211 Metropolitan 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Newt Spillman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah E. Spillman

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

7. Birth date of deceased March (Month) 7 (Day) 1882 (Year)

8. AGE: Years 64 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Buchanan County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Wesley Spillman
13. Birthplace No Record (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. H.B.Obermeier

(b) Address 1211 Metropolitan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation Butler, Mo.

18. (a) Signature of funeral director J W Wagner

(b) Address Kansas City, Mo.

19. (a) 6-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th year 1946 hour 9: minute 16 P M.

21. I hereby certify that I attended the deceased from 6/3/46, 19__, to 6/5/46, 19__; that I last saw him alive on 6/5/46, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	?
Due to Generalized Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93 d	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J W Young (M. D. or other) 0

Address 1401 S. W. Blvd. Date signed 6/6/46

(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 Cecil R. Matthes

Licensed Embalmer No. 3887

P. O. Address Kansas City 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.