

FILED AUG 19 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3385

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

1. PLACE OF DEATH: Jackson

(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: 48 East 53rd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)

In this community 55 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 48 East 53rd Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME HARRY B. MOTHERSPA W

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 486-03-1929

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha B. Motherspaw 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. 12, 1878
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day fifth year 1946 hour Two minute Twenty

21. I hereby certify that I attended the deceased from June 1946 to August 5 1946, that I last saw him alive on 12 July 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 9 Days 23 If less than one day hr. min.

Immediate cause of death Cardiac failure 1 Year Duration

Due to Myocarditis Chronic

Due to _____

9. Birthplace Monticello, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Dealer

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 93 d

Of autopsy _____

11. Industry or business Jacob Brothers

12. Name R. R. Motherspaw

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Duckett

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha B. Motherspaw

(b) Address 48 East 53rd Street

17. (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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? _____

18. (a) Signature of funeral director Freeman Mortuary
Kansas City, Missouri

(b) Address _____

19. (a) 8-16-46 (b) Thereldine Holmes
(Date received local registrar) (Registrar's signature)

While at _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address 1002 Professional Bldg Date signed 5 Aug 46

AUG 27 1946

*W. C. ...
Prof. ...*

AUG 27 1946

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 *James C. Dedelin*

Licensed Embalmer No. *3495*

P. O. Address *J. C. ...*

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.