

FILED SEP 21 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4292

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town N.E.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Venezard Park Hospital
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 66 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson ⁴⁸

(c) City or town N.E. ³
(If outside city or town limits, write "RURAL")

(d) Street No. 1521 E 29th. ⁸
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME FANNIE SPELLMAN.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct 8
1946, to Oct 8, 1946;
that I last saw her alive on Oct 8, 1946
and that death occurred on the date and hour stated above.

4. Sex F.E. 5. Color or race W.

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

6. (b) Name of husband or wife Rubin Spellman

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Duration Immediate

8. AGE: Years Months Days If less than one day

aprox 76 hr. min.

Due to _____

Due to _____

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

Major findings: 94a

Of operations _____

Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name unknown 9

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown 9

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Vera Hershman

(b) Address 417 Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-46
(Month) (Day) (Year)

(c) Place: burial or cremation Scheffield Cem.

18. (a) Signature of funeral director N. Ferguson

(b) Address N.E. Mo.

19. (a) 10-11-46 (Date received local registrar) (b) D. Geraldine Holmer (Registrar's signature)

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 Don Nigro (M. D. or other) M.P.

Address 925 Argyle Bldg. R.C. Mo. Date signed Oct 46

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.....

Francis Walter....., Registered Apprentice No. *2722*
working under my personal supervision.

Signed *J. H. Pugh*.....
Licensed Embalmer No. *2722*
P. O. Address *K. E. 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.