

3. No. 2  
-12-45  
5-17-39  
X47070

33782

FILED NOV 5 1946

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4416

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

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:  
3832 BALES AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 YEARS. (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME CORA SAMANTHA SPINDLE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife JAMES L. SPINDLE SR. 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased JAN. 18-1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 1 hr. min.

9. Birthplace MOUNTAIN GROVE, MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

MOTHER FATHER { 12. Name TOM E. WHEEL  
13. Birthplace UNKNOWN ILLINOIS  
(City, town, or county) (State or foreign country)  
14. Maiden name MRS. D. HARVEY  
15. Birthplace CAMDEN COUNTY, MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES L. SPINDLE, SR.

(b) Address 3832 BALES AVENUE

17. (a) BURIAL (b) Date thereof OCT. 21, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director D. W. Newcomers down

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-21-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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.") 8  
(d) Street No. 3832 BALES AVENUE U  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 19th  
year 1946 hour 5: minute 15 A. M.

21. I hereby certify that I attended the deceased from September  
4th, 1946, to Oct 19, 1946;  
that I last saw her alive on Oct 12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left breast  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions General metastasis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none

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 \_\_\_\_\_

23. Signature Merwin J. Rumold (M. D., examiner)  
Address 116 West 47th Kansas City Mo Date signed Oct 20, 46

116 20 4 1 1/2  
James B. Bell ) 130-48

---

---

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
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.**