

S. No. 2
-12-45
5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13682
Registrar's No. 1741

Registration District No. 179 Primary Registration District No. 1002

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 day (Specify whether years, months or days)
In this community 47 years (Specify whether years, months or days)

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. 4123 Woodland 4
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Robert R. Spensley
(b) If veteran, name war no.
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 14
year 1947 hour 11:10 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 1946 to April 14, 1947
that I last saw him alive on April 14, 1947
and that death occurred on the day and hour stated above.

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Mrs. Myrtle A. Spensley
(c) Age of husband or wife if alive unknown years
7. Birth date of deceased September 1875 (Month) (Day) (Year)

Immediate cause of death: Mesenteric Thrombosis, Small Bowel
Due to: Coarctation - Rt. Aortic Arch - Vascular Kind Syndrome
Duration: 2 days
Other conditions: Without Obstruction -
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 7 Days 10 If less than one day hr. min.

9: Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Manufacturing Clerk

11. Industry or business X

MOTHER FATHER { 12. Name William R. Spensley

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

14. Maiden name Agnes Buxton

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

16. (a) Informant Mrs. Myrtle A. Spensley

(b) Address 4123 Woodland, Kansas City, Mo.

17. (a) burial (b) Date thereof 4-17-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-16-47 (Date received local registrar) (b) (Registrar's signature) Geraldine Holmes

Major findings: Of operations
Of autopsy Coarctation 131a
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 ✓
23. Signature Ruth Perry (M. D. or other) M.D.
Address 4800 E 24th Date signed 4-16-47

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

Drs. Edmond and Perry

4800 E 24

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.....

J. Clair Sheppard

Licensed Embalmer No.....

4179

P. O. Address.....

K. C. MAR

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.