

FILED JUN 23 1947
Registration District No. 779

Primary Registration District No. 1002

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: General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
 In this community 17 YEARS
 years, months or days

3. (a) PRINT FULL NAME Virginia Louise Spillman
 (b) If veteran, name war No
 (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced SINGLE
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY 30 1930
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>17</u> | <u>0</u> | <u>29</u> | hr. _____ min. _____ |

9. Birthplace KANSAS CITY MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation STUDENT

11. Industry or business EAST HIGH SCHOOL

12. Name ERNEST C. SPILLMAN
 13. Birthplace KANSAS
 (City, town, or county) (State or foreign country)
 14. Maiden name NELDA PLANT
 15. Birthplace MISSOURI
 (City, town, or county) (State or foreign country)

16. (a) Informant Ernest C. Spillman
 (b) Address 1400 Bales

17. (a) BURIAL (b) Date thereof JUNE 12 1947
 (Burial, cremation, or removal) (City or town) (County) (State)
 (c) Place: burial or cremation MT. HOPE CEMETERY KANSAS CITY, KANSAS

18. (a) Signature of funeral director D. W. Newcomer, son
 (b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-10-47 (b) Alfredine Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1400 Bales
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
 year 1947 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from May 27 1947 to June 9 1947
 that I last saw him alive on June 9 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Chondrosarcoma
primary site- humerus of right arm

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 552

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?
 _____ (Specify type of place)
 While at work? _____ (Specify type of place)
 23. Signature W. W. Hart (M. D. or other) Med. Dir. Gen'l Hosp.
 Address _____ Date signed 6-9-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Edward M. Story

Licensed Embalmer No. 4452

P. O. Address. K. C. 4 2nd

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.