

**FILED NOV 24 1947**  
Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 4677

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:  
2610 East 31st 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 years \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **47**  
(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2803 East 31st **8**  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME ALBERT C. SPEARS

3. (b) If veteran, name war No 3. (c) Social Security No. 500 16 5925

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

6. (b) Name of husband or wife Nan Spears 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 16 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 10 21 hr. min.

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

10. Usual occupation Retired Laundryman

11. Industry or business Laundry

MOTHER FATHER

12. Name Unknown **9**

13. Birthplace Unknown (City, town, or county) (State or foreign country) **9**

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country) **9**

16. (a) Informant Mrs. Nan Spears

(b) Address 2803 East 31st

17. (a) Burial (b) Date thereof Nov 9 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirkville, Missouri

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. Mo

19. (a) 11-8-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th  
year 1947 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 1 1947 to Nov 7 1947  
that I last saw him alive on Nov 7 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 30 min  
Due to arteriosclerosis

Other conditions Peptic ulcer **11 mo**  
(Include pregnancy within 3 months of death)

Major findings: Of operations 1172 PHYSICIAN  
Of autopsy \_\_\_\_\_ 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) (b) Means of injury 0  
23. Signature [Signature] (M. D. or other)  
Address 428 Argyle Bldg Date signed 11/8/47

Dr. J. S. Hoffman  
Argyle Bldg.  
Vi 8244

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**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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address. Kansas City 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.**