

FILED MAR 1 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 763

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5812 Thompson Ave Home 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community About 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
 (c) City or town Holt Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY-JANE SPENCER

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

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

6. (b) Name of husband or wife William Jasper Spencer 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased APR 2-1864
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE KEEPER

11. Industry or business _____

12. Name Laudon DYNES

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

14. Maiden name _____

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

16. (a) Informant Mrs Olym Moore

(b) Address 5812 Thompson Ave

17. (a) Burial (b) Date thereof 2-20-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland cemetery

18. (a) Signature of funeral director Lernard Ing

(b) Address Bearney, Mo

19. (a) 2-19-48 Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
 year 1948 hour 2 minute 30P. M.

21. I hereby certify that I attended the deceased from Feb. 11, 1948 to Feb. 17, 1948
 that I last saw him alive on Feb. 17, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
 Duration 6 days

Due to _____

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

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? 2

While at work? _____
(Specify type of place) (b) Means of injury

23. Signature J. J. Crutch (M. D. or other) DO

Address 5902 1st John Date signed 2/17/48

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

Leonard Fry

Licensed Embalmer No. *1677*

P. O. Address.....

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.