

FILED APR 1 1948

Registration District No. 182

Primary Registration District No. 5672

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson Co. Emergency Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 days
(Specify whether years, months or days) 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lone Jack
(If outside city or town limits, write "RURAL")

(d) Street No. 4 miles N.E. Lone Jack, Mo
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Spainhower, Wilson

3. (b) If veteran, name war WW

3. (c) Social Security No. WW

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 3, 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>11</u>	<u>14</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name William Spainhower

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

14. Maiden name Betty Parry

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

16. (a) Informant John Spainhower

(b) Address Lone Jack - Mo

17. (a) Burial (b) Date thereof 3-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Jack - Mo

18. (a) Signature of funeral director Allen Brewster

(b) Address Pleasant Hill, Mo

19. (a) 3/20/48 (b) Donald C. Cavanaugh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1948 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 15, 1948, to Mar 19, 1948
that I last saw h. in alive on Mar 19, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
cardiovascular disease

Due to
Due to

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

Major findings:
Of operations 92A
Of autopsy

Duration
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 Stroke
Stroke

Address Rt 4 Independence Date signed 3-20-48

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

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.....

Alan Hill....., Registered Apprentice No. *8*,
working under my personal supervision.

Signed.....
Alan Hill

Licensed Embalmer No. *37815*

P. O. Address.....
Pleasant Hill, 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.