

FILED AUG 26 1948
Registration District No. 149

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:
4218 PROSPECT AVENUE 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 42 YEARS
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. 4218 PROSPECT AVENUE **8**
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes/No) **10**
 If yes, name country —

3: (a) PRINT FULL NAME MR. ALEXANDER UNION SPICKARD
 3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month AUGUST day 6
 year 1948 hour 6 minute 00 P.M.

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife MRS. JANNIE A. SPICKARD
 6. (c) Age of husband or wife if alive — years
 7. Birth date of deceased MAY 6, 1962
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Aug 2 - 1948 to Aug 6 - 1948
 that I last saw him alive on Aug 6 - 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 3 Days 0
 If less than one day — hr. — min.

Immediate cause of death Lobar Pneumonia loba
 Due to —
 Due to —

9. Birthplace SPICKARD MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation CLERK - RETIRED
FEDERAL COURT WESTERN DISTRICT OF MISSOURI
 11. Industry or business —

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)
Prostate Hypertrophy
 Major findings: 108
 Of operations —
 Of autopsy —

MOTHER FATHER
 12. Name G. I. SPICKARD
 13. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)
 14. Maiden name MARY ANN THOMPSON
 15. Birthplace BOONE Co MISSOURI
(City, town, or county) (State or foreign country)

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? —

16. (a) Informant Mrs. Ernest D. Votaw
 (b) Address 4218 Prospect Ave.
 17. (a) REMOVAL (b) Date thereof 8-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation TRENTON, MISSOURI

While at work? — (Specify type of place) (a) Means of injury —
 23. Signature G. C. Templeton, M.D. (M. D. or other)
 Address 832 Argyle Blvd. Date signed 8/7/48

18. (a) Signature of funeral director D. W. Thompson's son
 (b) Address 1401 Rough Creek Blvd.
 19. (a) 8-9-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

6189

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 *A. D. Nofsinger*

Licensed Embalmer No. *3958*

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.