No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1948

Registration District No. 146

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3026

State File No. 26717

Registrar's No. 253

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)
In this community: 50 years

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.: 3905 S. Benton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MR. ERIC EARL SPACH
3. (b) If veteran, name war: none
3. (c) Social Security No.: 486 10 1325
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Mrs. Kathryn E. Spach
6. (c) Age of husband or wife if alive: 57 years
7. Birth date of deceased: Feb. 1, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	6	21	hr. min.

9. Birthplace: Auburn, Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Printing Pressman
11. Industry or business:
FATHER
12. Name: Wesley L. Spach
13. Birthplace: Lima, Ohio. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Georgia Ann Lawry
15. Birthplace: unknown, Indiana (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Kathryn E. Spach
(b) Address: 3905 S. Benton, K.C. Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cem. KC Mo.
18. (a) Signature of funeral director: Geo. C. Carson
(b) Address: Independence, Mo.
19. (a) 8-24-48 (Date received local registrar) (b) [signature] (Registrar's signature) 3541

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 22 year: 1948 hour: 2:00 minute: P M.
21. I hereby certify that I attended the deceased from 8/13/48, 19..., to 8/22, 1948; that I last saw him alive on 8/22, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: arteriosclerotic gangrene both legs	2 wks
Due to:	
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	yrs

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: James E. Lynch M.D. (M. D. or other)
Address: Independence, Mo Date signed: 8/23/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Independence, Missouri

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.