

FILED DEC 29 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 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days
(Specify whether
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Franklin
(c) City or town Ottawa Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 919 S Sycamore street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clarence Spaulding

3. (b) If veteran, name war None 3. (c) Social Security No. 513-03-2760

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

6. (b) Name of husband or wife Maxine Spaulding 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased March 5 1915
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>33</u>	<u>9</u>	<u>1</u>	hr. _____ min.

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

10. Usual occupation Lineman

11. Industry or business Power & Light Co

12. Name Harrison Spaulding

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

14. Maiden name Ethel Heckman

15. Birthplace Franklin Co Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maxine Spaulding

(b) Address Ottawa Kansas

17. (a) Removal (b) Date thereof 12-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa Kansas

18. (a) Signature of funeral director France Wornall

(b) Address Kansas City Mo

19. (a) 12-7-48 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1948 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Pathologist, 19____, _____, 19____;

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema
Toxic Nephrosis
Multiple electric burns
& Multiple Fracture
Due to Contusions
Necrosis Pancreas
Other conditions Amputation left arm
(Include pregnancy within 5 months of death)

Duration

Major findings:
Of operations _____
Of autopsy Same

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) Accident 131

(b) Date of occurrence 29 November

(c) Where did injury occur? Near Ottawa Kansas
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Electric Power line (Fall)

While at work? YES (Specify type of place) (a) Means of injury Electricity

23. Signature E.C.H. Schmidt E.C.H. Schmidt
(If B. or other)

Address St. Lukes Hospital Date signed 7 Dec. 1948

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.....

James Donald Colson, Registered Apprentice No. *225*
working under my personal supervision.

Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K @ 7nd*

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.