THED MAR 26 1949 STANDARD CERTIFICATE OF DEATH BIRTH 180. REC. DIST. NO. LY PRIMARY REG. DIST. NO. LO 2 Registrary No. 1026 I. PLLACE OF DEATH a. COURTY Jackson S. CYLY CH outside recomprise lines, write RURAL and developments of the county of the c	. 1 1111111111	5 9 6 45 KG	THE DIVISION OF HE				8557
BERTH NO. REG. DIST. NO. /// PRIMARY REG. DIST.	HILEU MAH	₹ \$ 0 1949	STANDARD CERTIF	ICATE OF DEA	ATH	State Fil	000.
a. COUNTY D. CITY CIT outside corporate limits, write RUBAL and give to produce the composition of the county of	BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST.	NO. 100	82_ Registra	···· 1026
D. CITY (If contains corrown tailings, with RUNAL and dive township) S. LENGTH OF OWN Kansas City S. LENGTH OF OWN Kansas City J. Y. J. L.		тн		2 USUAL RESID	ENCE (W	here decessed lived.	If institution: residence befo
TOWN Kensas City Committee State Committee Com	a. WUN: Y	Jackson			ri	Jac	keen LY
d. FULL NAME Of an act is backed or inacticution, five street address or location) INSTITUTION 5309 Budd Park Esplanade SPANCLER SPANCLER O'DORNELL SEX COLOR OR RACE I'MARRIED NEVER MARRIED, WILD WHITE WHITE SPANCLER O'DORNELL SEX COLOR OR RACE I'MARRIED NEVER MARRIED, WILD WHOW WILD WHOW WILD WHOW WILD WILD IRE. USUAL OCCUPATION (Ghewhold or only location) IRE. WILD OF USUNESS OR IN. HOUSEWIFE'S MAKE GEOTOPE ELSOY ETHIER'S MAKE GEOTOPE ELSOY IR. MOTHER'S MAKE III. BRITHPLACE (Base or tendency or mother	b. CITY (If outside cor	rporate limite, write R	URAL and give c. LENGTH OF	c. CiTY (If outside con	rporate limite.	write BURAL and g	ive township)
STATISTICS State	TOWN Ke	insas City			Kansa	s City	
INSTITUTION 5300 Budd Park Esplanade 5300	d. FULL NAME OF (I			d. STREET	(U rend, g	dve location)	(.
DECRASED (Type or Print) (NEILIE SPANGLER O'DONNELL DEATH Muchos (Noth White White White Whow Whow Whose Wh	INSTITUTION	5309 Budd	Park Esplanade		Budd f	ark Esplai	nade
S. SEX S. COLOR OR RACE 7. MARRIED, NEVER MAR	3. NAME OF	a. (First)	b. (Middle)	c. (Last)		4. DATE (M	onth) (Day) (Year)
Female/ White 10a. USUAL OCCUPATION (COUNTOR work) 10b. KIND OF BUSINESS OR IN. HOUSEWIfe 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 13c. FATHER'S NAME 13c. MOTHER'S MAIDEN NAME 13c. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR BIFE Daniel O'Donnell 15. NAS DECASABLE VERE IN U. S. ARMED FORCES? (Mr. No.) or unknown) 15. WAS DECASABLE VERE IN U. S. ARMED FORCES? (Mr. No.) or unknown) 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ANTECDENT NO. 17 INFORMANT'S SIGNATURE OR NAME ANTECDENT CAUSES ANTECDENT CAUSES ANTECDENT CAUSES ANTECDENT CAUSES ANTECDENT CAUSES ANTECDENT CAUSES DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS 12d. AUTOPSYT Tell does not mean the discasting detailed on distance or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing to the death but not related to the disease or conditions constributing		NELLIE	SPANGLER	O DOM	ELL		ach 5, 1949
Penale / White Widowed April 13, 1862 86 10. LINUAL COLUMNIAN 10. LINUAL COLUMN	5. SEX , 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED,	8. DATE OF BIRTH		9. AGE (In years)	F UNDER I YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (cive bind of out good dering most of working life, seed if retired) HOUSEWISE 3a. FATHER'S NAME GEOFFS EISSY 13b. MOTHER'S MAIDEN NAME GEOFFS EISSY 15 WAS DECEASED EVER IN U.S. ARRED FORCES? (16. SOCIAL SECURITY NO. Mrs. Kate Stahl - K.C. Moo. 7 MEDICAL CERTIFICATION 10 SEEST OR CONDITION HARDING OF MAINTING O	Female/	White	Widowed 2	April 13, 1	.862		Days Hours Min
HOUSEWIFE Housewife House	10a. USUAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHA	
13b. MOTHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF NUSBAND OR SIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Kate Stahl - K.C. Mo. 17. INFORMANT'S SIGNATURE OR NAME 18. SOCIAL SECURITY NO. Mrs. Kate Stahl - K.C. Mo. 18. CAUSE OF DEATH 18. DISEASE OR CONDITION 15. MADDESS 16. SOCIAL SECURITY NO. Mrs. Kate Stahl - K.C. Mo. 18. CAUSE OF DEATH 18. DISEASE OR CONDITION MEDICAL CERTIFICATION 18. DISEASE OR CONDITION 18. MADDEATH (a) 18. DISEASE OR CONDITION 18. DISEASE OR CONDITIO	Housewife	me's agen in Lainted)					W.S.A.
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Enter only one cause per line for (a), (b), and (c) "This does not meen the most of dying, such as heart failure, asthenia, rice. It means the discinstingthing to the above cause (a) stating the underlying cause last. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS OFFICIAL (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT SUICIDE HOMICIDE 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT SUICIDE HOMICIDE 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT SUICIDE HOMICIDE 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) Plan. ACCIDENT (Boodity) 121b. PLACE OF INJURY (e.g., in or about solid possible blaz, etc.) 121b. HOW DID INJURY OCCUR? 121b. HOW DID INJURY OCCUR	No No	yes, give war or cates :	ar service)	Mrs. Kat	e Stah.	1 -	K.C. Mo.
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death. 19a. Date of Operation 19b. Major findings of Operation 20. Autopsy?		·				. 1	
Pale of the disease or condition causing death. Pale of Operation Pale of Operat						†	
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22. I hereby certify that I attended the deceased from	21d. TIME (Month)	(Day) (Year) (I		21f. HOW DID INJURY	OCCURT		
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24a. BURIAL. CREMA- TION, REMOVAL (State) 100, REMO	Ma. SIGNATURE	R. A. W	LILIAMS (Degree or title)	23b. ADDRESS	c . Q .	and and	
24a. BURIAL, CREMA- TION REMOVAL (Procedity) 3-5-1949 Mount Hope Cemetery Kansas City Kansas DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-5-49EG. Coo. H. Long L. N. Cong. K.C. Lansas	K. 14		acces MN	15400 3	+ JOV	-C. NO	3/5. 49
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 3-5-43EG. SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE 3-5-43EG. SIGNATURE GOO. H. Long L. N. Olong, K.C. Lansas	24a. BURIAL, CREMA-	24b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY	201. LOCAT	ION (City, town,	or county) (State)
3-5-4 Bedding Holmes Goo. H. Long Jes N. Jano, K.C. hansas	Removal (Heady)			Cemetery	Kans	as City	Kansas
	DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATURE	25. FUNERAL DIREC	TOR'S SI	GNATURE /	7.7
(Licensed Embalmer's Statement on Reverse Side)	3-5-49	Deral	dine Holmes	Geo. H. L	ong L	2. N. Jano	K.C. Lansas
		-	(Licensed Embalmer's S	tatement on Reverse Sid	le)	0	

Rabible goden.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reve	erse side of this c	ertificate was embalmed by	y me, or by
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Student_Embalmer No.	
working under my personal supervision.			C. 1

Student Embalmer

P. O. Address 2037 (Failure to comply with the above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.