

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 9020  
931

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (In this place) 40 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 4119 Troost		3648	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital				d. STREET ADDRESS (If rural, give location) 4119 Troost			
3. NAME OF DECEASED (Type or Print) WOLF		a. (First)		b. (Middle) Spector		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 2-27-50		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 1886		9. AGE (In years) 65-03-31		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10b. KIND OF BUSINESS OR INDUSTRY J. Penner	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Louis Spector		13b. MOTHER'S MAIDEN NAME Sarah	
14. NAME OF HUSBAND OR WIFE Fruma Spector		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gene Spector 720 W. 48th. St. K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma				INTERVAL BETWEEN ONSET AND DEATH			
II. OTHER SIGNIFICANT CONDITIONS							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-1, 1949, to 2-27, 1950, that I last saw the deceased alive on 2-27, 1950, and that death occurred at 2:25 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Jack C. Vincent (Degree or title)				23b. ADDRESS Professional Bldg.		23c. DATE SIGNED 2/27/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1, 1950		24c. NAME OF CEMETERY OR CREMATORY Sheffield		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG. 2-28-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis Funeral Home		ADDRESS K.C. Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gary Buffington

Licensed Embalmer No. 2756

P. O. Address K.C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
County of Jackson } ss.

State File No. 9020-49  
Local Registrar's No. 931-50

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of March, 1950, before me appears Betty Spector Solom, who, upon her oath, states that the original record of ~~birth~~ <sup>death</sup> for Wolf Spector died ~~born~~ Feb. 27, 1950, 19    , in the State of Missouri, and which was filed at K. C. Mo on 2-28-, 1950, should be corrected as follows:

- Item No. 8 should read Nov. 15, 1886  
Instead of Jan. 15, 1885
- Item No. 9 should read 8/ 63  
Instead of 65
- Item No.      should read       
Instead of
- Item No.      should read Verified by Application for Insurance  
Instead of of Modern Woodmen of American-April 30, 1934
- Item No.      should read       
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Betty Spector Solom  
4119 Troost K. C. Mo  
Present Address.       
Relationship     

Subscribed and sworn to before me this 24th day of March, 1950

My Commission expires Oct 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.