

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1539**
320

BIRTH NO. **FILED FEB 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **320**

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place) township) <p align="center">12 yrs.</p>		c. CITY OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Between 41 & 42 Sts. on Highland</p>		e. STREET ADDRESS (If rural, give location) <p align="center">1618 East 42nd St.</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) <p align="center">ELBERT</p>		b. (Middle) <p align="center">VANCE</p>	
c. (Last) <p align="center">SPENCER</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Jan. 19, 1954</p>			
5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Divorced 3</p>	8. DATE OF BIRTH <p align="center">Dec. 4, 1890</p>	9. AGE (in years last birthday) <p align="center">63</p>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Retired Trucker</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Trucking</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Missouri D</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		13a. FATHER'S NAME <p align="center">Lucas L. Spencer</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Mary C. Vance</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">----</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">no</p>		16. SOCIAL SECURITY NO. <p align="center">495-01-6316</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Ervin V. Spencer, 1618 E. 42nd, K.C. MO.</p>		ADDRESS			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <p align="center">Lead.</p>		DUE TO (b)			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<p align="center">0365 40</p>	
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) <p align="center">Suicide?</p>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, public office bldg., etc.) <p align="center">street</p>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">Kansas City Jackson MO</p>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <p align="center">1-19-54 2nd m.</p>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <p align="center">apparently self-inflicted wound</p>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <p align="center">Geo. O. Kealhofer</p>		(Degree or title) 3		23b. ADDRESS <p align="center">4050 Broadway K.C. MO</p>	
23c. DATE SIGNED <p align="center">1-19-54</p>		24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">1-21-54</p>	
24c. NAME OF CEMETERY OR CREMATORY <p align="center">Forest Hill</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Kansas City, Missouri</p>			
DATE REC'D BY LOCAL REG <p align="center">1-20-54</p>		REGISTRAR'S SIGNATURE <p align="center">Beraldine Smith</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">STINE & McCLURE UND. CO.</p>	
ADDRESS <p align="center">K.C. MO.</p>					

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

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.....
Signature of Student Embalmer

Signed.....
Eugene H. [Signature]

Licensed Embalmer No.....⁴⁶
P. O. Address.....
[Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.