

REC'D JAN 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41986
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 002
(c) City Kansas City (d) Street No. 3131 McGee Registered No. 5052
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 145 Virgil K. Spellman
(a) Residence, No. 3131 McGee St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Bessie E. Spellman</u> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 17, 1868</u>				
7. AGE	YEARS <u>70</u>	MONTHS <u>11</u>	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
FATHER	13. NAME <u>James B. Spellman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Mrs. Dille</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
17. INFORMANT <u>Mrs. Bessie E. Spellman (Wife)</u> (ADDRESS) <u>3131 McGee, Kansas City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Mt. Moriah Cem.</u> PLACE <u>Kansas City, Mo.</u> DATE <u>December 27, 38</u>				
19. FUNERAL DIRECTOR (NAME) <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Missouri</u>				
20. FILED <u>12-27-38</u> <u>M. M. Crow</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec. 24</u> 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>March</u> 19 <u>38</u> , to <u>December 24</u> , 19 <u>38</u> I last saw him alive on <u>12-24</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>9:30</u> a.m. The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Rectum</u> <u>46</u> Other contributory causes of importance: <u>Bilateral Hydrocephalus</u> 19 <u>38</u> <u>Uremia</u> 19 <u>38</u> Name of operation <u>Colostomy</u> Date of <u>1937</u> What test confirmed diagnosis? _____ Was there an autopsy? <u>yes</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>M. J. Berry</u> , M. D. (Address) <u>315 Alameda Road</u> <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30M-5-33 I X10005

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.