

SEP 5 1940  
Registration District No. **999**

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:  
**1114 North Walrond, K. C. Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **33 Years.**  
years, months or days)

3. (a) PRINT FULL NAME **James A. Spears, 162**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary E. Spears,** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **July 7th, 1867**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **28** If less than one day  
hr. min.

9. Birthplace **Missouri,**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Trackman,**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **George W. Spears**  
13. Birthplace **Tenn.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Rebecca Tipton,**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary E. Spears,**  
(b) Address **1114 No. Walrond, K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 7-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Centralia, Missouri.**

18. (a) Signature of funeral director **Mrs. C.L. Forster,**  
(b) Address **918 Brooklyn Avenue, K.C. Mo.,**  
**Aug. 7, 1940**

19. (a) **Aug. 7, 1940** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **0 Missouri** (b) County **Jackson**  
(c) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1114 North Walrond, K. C. Mo.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **5th,**  
year **1940** hour \_\_\_\_\_ minute **5:40 P.M.**

21. I hereby certify that I attended the deceased from **Aug 5**, 19**40** to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on **Aug 5**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart Disease** Duration **6 Mo**

Due to **Influenza in Feb '40**

Due to **g.p.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

**361**  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **P. A. Higgins** (M. D. or other) \_\_\_\_\_  
Address **5400 St. John Ave** Date signed \_\_\_\_\_  
**J. C. E. No**

Dr. Williams,  
Office 5460 S.E. 9th,  
Phone Be 2659

Be. 2659 - 5408 S.E. 9th  
Be. 495 - 5211 Van Buren

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed C. H. Wine

Licensed Embalmer No. 2570

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.**