

Registration District No. 197

Primary Registration District No. 5276

Registrar's No.

1. PLACE OF DEATH:

(a) County Clay
(b) City or town North Kansas City, Mo. (rural)
(c) Name of hospital or institution:
Route #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 years
In this community 43 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town North Kansas City, (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. #4
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Amadore Spencer

3. (b) If veteran, name war no 3. (c) Social Security No. 499-16-2496

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Myrl Spencer 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 7, 1897
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Ortick, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business contractor for self

MOTHER FATHER { 12. Name John Spencer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name R. McMullin
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Myrl Spencer
(b) Address Route 4 North K. C. Mo.

17. (a) Burial (b) Date thereof Aug 10, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Mo.

18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.

19. (a) 8-8-40 (b) J. J. Hamilton
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1940 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from July 20
1940 to Aug 8 1940

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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?

(Specify type of place) While at work? _____ (e) Means of injury: _____

23. Signature Samuel L. Hodges (M. D. or other) _____

Address North KC Mo Date Aug 8 40

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

4

5

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-40

STATEMENT BY LICENSED EMBALMER

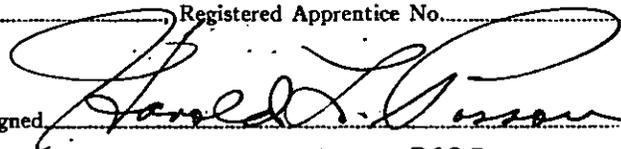
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Harold L. Posson

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3605

P.O. Address North 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, above space should be left blank.