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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9701

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1110

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 922 Linwood Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 27 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 922 Linwood Blvd. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Robert Sloan Spahr
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha L Spahr
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June (Month) 16 (Day) 1868 (Year)

8. AGE: Years 72 Months 8 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Insurance Business
11. Industry or business
FATHER
12. Name Jacob W Spahr
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Sloan
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Martha L Spahr
(b) Address 922 Linwood La Salle Hotel
17. (a) Boonville Mo (b) Date thereof 3-18-41
(Burial, ~~cremation~~, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Boonville Mo
18. (a) Signature of funeral director Stine-McClure
(b) Address Kansas City Mo
19. (a) 3/17/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1941 hour 6 minute 40 P.M.
21. I hereby certify that I attended the deceased from Mar 14, 1941, to Mar 15, 1941;
that I last saw him alive on Mar 15, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Arteriosclerosis	
Hypertention	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Geo H Jones (M. D. ~~or other~~)
Address 80th & Paseo Date signed 3/16/41

(Licensed Embalmer's Statement on Reverse Side)

Jan 1879 Sub Pass
1907 1433-E78

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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.