No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17195

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1857

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kaw K. C. MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2406 E I5 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 50 Y rs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City. 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4015 Wyandotte 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Fred De Spain

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male (1)

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July 6 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	4	hr. min.

9. Birthplace Alton Ill //
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business self

FATHER
12. Name John De Spain
13. Birthplace Roadhouse /Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy
15. Birthplace Roadhouse /Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Art Despain
(b) Address 2406 E. 15th st K.C. Mo

17. (a) Burial (b) Date thereof 5 / 12 /41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem.

18. (a) Signature of funeral director Simmons F. Kane
(b) Address K. C. K.

19. (a) May 12, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from Arrow, 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Acute Pulmonary edema

Due to 94a

Due to

Other conditions 94b
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Sreofnia

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

23. Signature [illegible] (M.D. or other)
Address [illegible] Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 wi the above constitutes grounds for revocation of license.)

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