S. No. 2
—9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41157

JAN 24 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4838

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:
6201 Wornall Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 38 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 6201 Wornall Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME Mr. Paul Roger Spicer

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ouida Spicer
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased January (Month) 29 (Day) 1884 (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	10	28	hr. min.

9. Birthplace Cole Camp (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Court Reporter
11. Industry or business 5th Judicial court of Missouri
FATHER
12. Name Daniel Webster Spicer
13. Birthplace Unknown (City, town, or county) New York (State or foreign country)
MOTHER
14. Maiden name Margaret Emily Van Cleve
15. Birthplace Palsakee County (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Ruth Krings
(b) Address 5020 S St. Little Rock, Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Dec 28, 1941 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1941 hour 1 minute 00A.M.
21. I hereby certify that I attended the deceased from act 5, 1941
, 19 , to 12/27 1941
that I last saw h alive on 12/26 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Colon	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 H C Tripp (M. D. or other) MD
Address 1022 Argyle Date signed 12/27/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. Trepper
1082 Argyle Bl
12-43.0 PM

Spurr

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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.