

FILED FEB 11 1942
Registration District No. 398

Primary Registration District No. 5554

1. PLACE OF DEATH:

(a) County JACKSON COUNTY
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10006 E 22nd Blue Turp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town 10006 E 22nd Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FANNIE SPRUCE

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 17 1979
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name ROBERT SWOPE
13. Birthplace Richmond, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name MARIE MAY HUGH
15. Birthplace CORNERIE, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Victor Spruce
(b) Address 10006 EAST 22nd

17. (a) Burial (b) Date thereof JAN. 14-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Indep.

18. (a) Signature of funeral director Carson Funeral
(b) Address Lex + Union Indep Home

19. (a) 1-14-1942 (b) James L. Rosa
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 12
year 1942 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from December 1 1941 to January 12 1942
that I last saw her alive on Dec 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Due to Chronic Valvular Disease

Due to _____
Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____
23. Signature James L. Rosa (M. D. or other) MD
Address 204 1/2 North Date signed 1-12-42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

531 East ...

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 *J.S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *Kansas City 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.