

Registration District No. 104399

Primary Registration District No. 1002

State File No. ....

Registrar's No. 533

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:  
Snyderhoff Hotel, 917 Oak St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether  
years, months or days) several months

In this community several months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. Snyderhoff Hotel, 917 Oak St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Clara L. Spalding

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank C. Spalding

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 31 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 3  
If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Robert Salisbury

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Sanford

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank C. Spalding

(b) Address Snyderhoff Hotel, Kansas City, Mo

17. (a) Removal (b) Date thereof 2-7-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation San Diego Calif

18. (a) Signature of funeral director Stimp & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-6-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th  
year 1942 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased Jan  
19 42 to Feb 4 19 42  
that I last saw h. e. at home on arrival 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion (sudden death)

Due to 9/4a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No autopsy

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?

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

23. Signature J. J. Davenport (M. D. or other)

Address 106 Professional Date signed 2/5-42

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

*2 P.M.*  
*Orff's*

**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 Benz* .....

Licensed Embalmer No..... *H 127* .....

P. O. Address..... *Komo* .....

**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.**