

FILED MAR 16 1942
Registration District No. 399

Primary Registration District No. 1002

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:
715 East 54th. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 45 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 715 East 54th. Street 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Norma Debarre Spivey

3. (b) If veteran, name war: No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 5 minute _____ A. M.

4. Sex: Female / 5. Color or race: White

6. (a) Name of husband or wife: John W. Spivey

6. (b) Age of husband or wife if alive: 65 years

7. Birth date of deceased: March 22 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/22 1930, to 3/4 1942
that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>11</u>	<u>12</u>	hr. _____ min.

Immediate cause of death: Acute Coronary Occlusion

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

Due to: Advanced Coronary Sclerosis 2 yrs

10. Usual occupation: Housewife

Due to: Chronic Hypertension 12 yr

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business: _____

PHYSICIAN _____

MOTHER FATHER { 12. Name: No record

13. Birthplace: no record 9
(City, town, or county) (State or foreign country)

Major findings:
Of operations: _____
Of autopsy: _____

Underline the cause to which death should be charged statistically.

14. Maiden name: Annie Wood

15. Birthplace: Missouri 0
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant: Mr. John W. Spivey

(b) Address: 715 East 54th. Street

(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? _____

17. (a) Burial (b) Date thereof: 3-6-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park, K.C., Mo.

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director: Mrs. C.L. Forster

(b) Address: Kansas City, Mo.

23. Signature: William A. Bohner (M. D. or other) _____

Address: 1030 Argyle Bldg. Date signed: 3/4/42

19. (a) 3/5/42 (b) M-M. Crow
(Date received local registrar) (Registrar's signature)

Dr. Wilbur A. Baker
Areylo Bldg.

187-5-10
N. 6 745

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 *Carl E. Browning*

Licensed Embalmer No. *2724*

P. O. Address *M. C. M. O.*

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.