

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9895

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1176

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

1. PLACE OF DEATH:
(a) County JACKSON.
(b) City or town KANSAS CITY MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2531 Brooklyn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 YEARS.
In this community 25 YEARS.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI. (b) County JACKSON 048
(c) City or town KANSAS CITY.
(If outside city or town limits, write "RURAL")
(d) Street No. 2531 BROOKLYN AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MARY LOUISE SPENCER.

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

4. Sex 3 FEMALE. 5. Color or race COLORED. 6. (a) Single, widowed, married, divorced SINGLE.

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

7. Birth date of deceased NOVEMBER 22 1913.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 3 28 hr. min.

9. Birthplace McALESTER OKLA. 1
(City, town, or county) (State or foreign country)

10. Usual occupation MAID.

11. Industry or business.....

12. Name Will Spencer

13. Birthplace UNKNOWN. 4
(City, town, or county) (State or foreign country)

14. Maiden name MARY REED.

15. Birthplace UNKNOWN. 4
(City, town, or county) (State or foreign country)

16. (a) Informant EDNA SEWELL.

(b) Address 2531 BROOKLYN AVE.

17. (a) burial (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Mathins Bros.

(b) Address 1729 Lyden

19. (a) 3-23-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 20
year 1942 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to March 20 1942
that I last saw her alive on March 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia

Due to multiple sepsis - Recal abscess + Fistula

Due to Fistula

Other conditions 1233
(Include pregnancy within 3 months of death)

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?
(Specify type of place)

While at work?..... (e) Means of injury 0

23. Signature D. V. Miller (M. D. or other)

Address 1203 Paseo Date signed 3/21/42

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

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 *Irma J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.