S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39968

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4781

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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: 7319 Summit /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: XX (Specify whether
In this community: 18 years
years, months or days)

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.: 7319 Summit
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: ROBERT WALTER SPAUR
3. (b) If veteran, name war: No
3. (c) Social Security No. 486-07-4613

4. Sex: Male
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: / Married
6. (b) Name of husband or wife: Lillie B. Spaur
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: May (Month) 30 (Day) 1874 (Year)

8. AGE: Years 68 | Months 6 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace: Tracy (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation: Secretary & Treasurer
11. Industry or business: Plaza Laundry

FATHER
12. Name: John G. Spaur
13. Birthplace: Virginia / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lydia McDora
15. Birthplace: Iowa / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Lillie B. Spaur
(b) Address: 7319 Summit
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 12-22-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 21st year: 1942 hour: 5: minute: 30 A.M.
21. I hereby certify that I attended the deceased from Coroner, 19__;
that I last saw h. alive on 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial infarction (Duration)
Rupture of the heart.
Hemopericardium
Due to: 9 D
Due to:
Other conditions (Include pregnancy within 3 months of death):

PHYSICIAN
Major findings:
Of operations:
Of autopsy: see above
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: [illegible] (M. D. or other)
Address: K.C. Mo. Date signed 12/21/42

561 (Licensed Embalmer's Statement on Reverse Side)

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 Cecil R. Matthis

Licensed Embalmer No. 3807

P. O. Address Kansas City, Missouri

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.