

FILED MAY 6 1948  
Registration District No. 449

Primary Registration District No. 1002

1948

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:  
4110 South Benton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)

In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Dixon Spake,

3. (b) If veteran, name war no.

3. (c) Social Security No. 499-07-7724

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hattie Spake

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January 30 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>22</u>	.....hr. ....min.

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

10. Usual occupation Retired,

11. Industry or business X

MOTHER FATHER

12. Name Abija Spake,

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

14. Maiden name Mamie Dixon,

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

16. (a) Informant Mrs. Hattie Spake,

(b) Address 4110 S. Benton, Kansas City, Mo.

17. (a) RBurial (Burial, cremation, or removal) (b) Date thereof 4-24-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit, Mo.

18. (a) Signature of funeral director Langsford Funeral Home,  
(b) Address Lee's Summit, Missouri.

19. (a) 4-23-48 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

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. 4110 South Benton,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd  
year 1948 hour 8:15 minute 0 a. M.

21. I hereby certify that I attended the deceased from Feb 24  
1943 to Apr 22; 1948  
that I last saw him alive on Apr 22, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 week

Due to Generalized arteriosclerosis

Due to kidney failure

Other conditions paty arthritis

Other conditions (Include pregnancy within 3 months of death) 99

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0

23. Signature H. M. ... (M. D. or other) MD  
Address 1022 ... Date signed 4/23/48

Dr. Trippe, H. C.  
Argyle Bldg.,

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**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 N. B. Langford  
Licensed Embalmer No. 3833  
P. O. Address Lee Summit, 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.**