

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hospital No 2 A
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Wks 12 days
(Specify whether)

In this community yes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Elmer Spivey

3. (b) If veteran, name war No

3. (c) Social Security No

4. Sex Male () 5. Color or race White

6. (a) Single, widowed, married, divorced? 9

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

7. Birth date of deceased Oct 9 1897
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 20? If less than one day hr. min.

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

10. Usual occupation Restaurant

11. Industry or business

MOTHER FATHER

12. Name Carlos E Spivey

13. Birthplace No Carolina 1
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Lee Cameron

15. Birthplace Lawrence Tex Paris
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address St Joseph Mo

17. (a) Burial (b) Date thereof 2/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp # 2

18. (a) Signature of funeral director Carl Mortuary

(b) Address St Joseph Mo

19. (a) 3-25-44 (b) Rose Heigog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 23
year 1944 hour 12-5 minute P M.

21. I hereby certify that I attended the deceased from 3-5 1944 to 3-23 1944
that I last saw him alive on 3-23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Pneumonia
Bronchial

Duration 3 days

Due to Bump on left leg

Due to ulcer

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature E E Salzer (M. D. or other)

Address St Joseph Mo Date signed 3-24-44

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

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 ^{not}....., Registered Apprentice No.
working under my personal supervision.

Signed

E. A. Clark

Licensed Embalmer No. *4238*

P. O. Address

St. Joseph

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.