

FILED MAY 27 1946

State File No. _____
Registrar's No. **2185**

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **6 months**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** - New Hampshire **48**
(b) County **Jackson** - Barnstead **3**

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

(d) Street No. **6531 Valley Road**
(If rural, give location)

(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Marguerite Spaulding**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white**

6. (b) Name of husband or wife **Charles A. Spaulding** 6. (c) Age of husband or wife if alive **unknown** years

7. Birth date of deceased **March 18 1892**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14** day **May**
year **1946** hour **11** minute **30 AM**

21. I hereby certify that I attended the deceased from **Jan 19 1946**
to **May 14 1946**
that I last saw her alive on **14 May**
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
54	1	27	16 hr. _____ min.

Immediate cause of death **Neurovascular Filariation**

Due to **Thyroid Toxicosis**

Other conditions (include pregnancy within 3 months of death) **638**

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

10. Usual occupation **at home**

Major findings: **Modular Toxic Thyroid**

Of operations _____

Of autopsy **Cardiac Failure**

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

11. Industry or business **X**

12. Name **John D. Clark** **John B. Clark**

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

14. Maiden name **Sarah Ishm**

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

16. Informant **Mrs. R. R. Bruster**

17. Address **6531 Valley Road, Kansas City, Mo.**

(a) **Cremation** (b) Date thereof **5-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

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)

23. Signature **R. R. Coffey M.D.** (M. D. or other)
Address **1103 Grand** Date signed **14 May 46**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-15-46** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PENCIL MARK AT EACH LINE

MOTHER FATHER

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

J. Clair Sheppard

Licensed Embalmer No. *4179*

P. O. Address. *H. C. Mar*

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 2185

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of June, 1946, before me appears
Mrs. Dorothy C. Brewster, who, upon her oath, states that the original record of ~~birth~~ death
for Mrs. Marguerite Spaulding died ~~xxxx~~ May 14, 1946, in the State of
Missouri, and which was filed at Kansas City on May 15, 1946 should be corrected as follows:

Item No. 2 should read State - New Hampshire, City or Town-Barnstead

Instead of State of Mo., Co. of Jackson, Kansas City, 6531 Valley Road

Item No. _____ should read _____

Instead of _____

Item No. 12 should read John B. Clark

Instead of Joseph D. Clark

Item No. _____ should read _____

Instead of _____

Item No. 16 should read Mrs. Dorothy C. Brewster, 6931 Valley Road,

Instead of Mrs. R. R. Bruster

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Dorothy P. Brewster sister
Relationship.

6931 Valley Road, Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of June, 1946.

My Commission expires My Commission Expires May 15, 1947 Robert G. Stephens Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

16854