V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27374

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3656

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3334 Montgall 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Stephen S. Spengler Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie L. Spengler
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October (Month) 19th (Day) 1872 (Year)

8. AGE: Years 73 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Vicksburg (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Retired
11. Industry or business Building Contractor

FATHER
12. Name Seraphine Spengler
13. Birthplace Alsace Loraine 8 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Stephen S. Spengler Jr.
(b) Address 2409 Clark Avenue, Burbank, Cal.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 - 23 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Vicksburg, Mississippi
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street
19. (a) 8-23-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1946 hour 5 minute 15 AM.

21. I hereby certify that I attended the deceased from Aug. 17, 1946 to Aug. 23, 1946, that I last saw him alive on Aug. 23, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral vascular accident
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death) 83a
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Wm. W. Hart (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 8-23-46

(Licensed Embalmer's Statement on Reverse Side)

Dr Carey

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.....

Licensed Embalmer No.....

P. O. Address.....

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.