

No. 2  
12-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37195

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

FILED NOV 25 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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:  
534 Gladstone 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 58 Years (years, months or days)

3. (a) PRINT FULL NAME Lillie Izette Spurlock

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

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife James H. Spurlock

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

7. Birth date of deceased April 1 1856  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
90	7	7		

9. Birthplace White Pigeon Mich  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Stephenson

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

14. Maiden name Helen Stark

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

16. (a) Informant Margorie Spurlock

(b) Address 534 Gladstone

17. (a) BURIAL (b) Date thereof Nov 11 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, KCK

18. (a) Signature of funeral director C.H. Blackman & Son Inc.

(b) Address Kansas City, Mo.

19. (a) 11-11-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 534 Gladstone 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 8  
year 1946 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 7 1946 to Nov 7 1946  
that I last saw h.e.r. alive on Nov 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocarditis, chronic undeter-  
Contributing causes: - mined.  
Paralysis, paraplegia - left. lye  
(2) Senility due to cerebral hemorrhage (old)  
Due to \_\_\_\_\_

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy none

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Frederick E. Wade (M. D. or other) MD

Address 306 E 12th Date signed Nov 10, 1946

*Dr. Wade  
Aug 4 & 13, 1904*

**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 *OK McFarland*

Licensed Embalmer No. *4397*

P. O. Address *Kansas City 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.**