S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
U. S. BUREAU OF THE CENSUS
FILED JAN 27 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 951

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 150

48
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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: Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Mo. "Rural" 4
(If outside city or town limits, write "RURAL")
(d) Street No. 646 Lewis Ave. 0
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT LEE ALSPAW
3. (b) If veteran, name war none
3. (c) Social Security No. 499-09-2091
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Alberta Alspaw
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased May (Month) 16 (Day) 1915 (Year)

8. AGE: Years 31 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Marshall (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Shipping Clerk
11. Industry or business
MOTHER FATHER
12. Name Robt. S. Alspaw
13. Birthplace unknown (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name Laura Evans
15. Birthplace unknown (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Catherine A. Alspaw
(b) Address 646 Lewis Ave. Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 1-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1947 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec-15 1946 to Jan-10 1947 that I last saw him alive on Jan-9 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	2 days
Due to Gastric Mucousal hemorrhage	10 dys
Due to Increased capillary fragility	
Other conditions (Include pregnancy within 3 months of death) Duodenal ulcer 17 Y	
Major findings: Of operations	
Of autopsy Gastric hemorrhage	

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 2
23. Signature H. W. Thompson (M. D. or other) D.O.
Address 705 Bryant Bldg. Date signed 1/10/47

(Licensed Embalmer's Statement on Reverse Side)

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 Charles L. Tyler, Registered Apprentice No. 411, working under my personal supervision.

Signed John Pasley

Licensed Embalmer No. 4308

P. O. Address Independence, 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.