

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7319 Summit St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Lillie B. Spaur

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th
year 1947 hour Three minute 10 P.M.

21. I hereby certify that I attended the deceased from 4-3-47 to 4-6-47
that I last saw her alive on 4-6-47
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Robert W. Spaur

6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased: March 17, 1875
(Month) (Day) (Year)

Immediate cause of death: Thrombosis, coronary artery
Duration 3 days

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>19</u>	hr. min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace: Lafayette Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: 94%

Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Nathan J. Middleton

13. Birthplace Xenia, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Margaret H. Seip

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

16. (a) Informant Lloyd R. Spaur

(b) Address 1269 Moolands St. Louis, Mo.

17. (a) Burial (b) Date thereof 4-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 4-8-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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? 0

(Specify type of place) _____

White at work? _____ (c) Means of injury _____

23. Signature James G. Jones M.D.
Address 1103 Grandy, K.C. Mo. Date signed 4-7-47

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

MOTHER FATHER

9200
Prof. B. J. W. 1368

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 Cecil R. Matthes
Licensed Embalmer No. 3807
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.