. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 5 1947
Registration District No. 1919

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24391
Registrar's No. 3028

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: 414 E. 10th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether
In this community: Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 10th Street 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 414 East 10th Street 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Walter G. SPENCER
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Stella B. Spencer
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 9 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
72	11	6	hr. min.

9. Birthplace: Bolivar (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Agent
11. Industry or business: Aetna Insurance Co.

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant: Mr. Glen Spencer
(b) Address: 31st & Garfield, K.C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 7-17-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Corony, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Insufficiency
Due to: Arterio sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: 95c
Of autopsy: no History & Inspection

Duration

PHYSICIAN
Underline the cause of 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 3

23. Signature: [signature] (M. D. or other) Corony
Address: 1414 [illegible] Date signed 7-16-47

Jefferson City Printing Co.
(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed. Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address. K. C. 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.