

FILED AUG 5 1947

State File No. 3043

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
Kansas City Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll 17
Jackson
(c) City or town ~~KANSAS CITY~~ Hardin, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Hardin, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mrs. Nora M. Spitzer

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife J. J. Spitzer 6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 1/15/1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 56c Days 6 If less than one day 1 hr. min.

9. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER { 12. Name Jacob C. Shink
13. Birthplace Rockingham Co. Va.
(City, town, or county) (State or foreign country)
14. Maiden name Anna D. Ventrump
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Parks
(b) Address Lexington, Mo.

17. (a) Burial (b) Date thereof 6/19/47
(Burial, cremation, removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hardin, Mo.

18. (a) Signature of funeral director John P. Sheil

(b) Address K. C. Mo.

19. (a) 7-18-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/16/47 day
year hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Aug 15
1947 to July 16 1947.
that I last saw her alive on 7/16/47 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy, severe, embolus Duration

Due to 3. Hypertensive arterial disease

Due to 3. Myocarditis, mod severe

Other conditions 3. Myocarditis, mod severe
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no 931D

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) Means of injury
23. Signature Paul G. Pearson (M. D. or other) MD
Address 1025 Riata Bldg RCM Date signed 7/18/47

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

Dr. Paul E. Pearson
Rialto Bldg., 9th & Grand
After 1 P M

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.....

John P. Shield

Licensed Embalmer No. *3623*

P. O. Address *64 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.