S. No. 2
M—9-4-41
r. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31454

Primary Registration District No. 1002

Registrar's No. 3733

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: 4129 East 6th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 54 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 4129 East 6 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Harrison Spealman

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Jennie Lee Spealman

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Dec (Month) 2 (Day) 1867 (Year)

8. AGE: Years 79 | Months 8 | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace: — (City, town, or county) Ind. (State or foreign country)

10. Usual occupation: Retired farmer

11. Industry or business: Farm

MOTHER FATHER

12. Name: Joseph Spealman

13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name: Ruth Thomas

15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Mrs June Lovegall

(b) Address: 4129 - E. 6 - K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood Mo

18. (a) Signature of funeral director: N.B. Langford

(b) Address: Lee's Summit Mo.

19. (a) 9-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1947 hour 6 minute a - p M.

21. I hereby certify that I attended the deceased from Aug 15 1942 to Aug 29 1947 that I last saw him alive on Aug 27 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hr
Due to: Hypertension	6 yrs
Due to: Arteriosclerosis	8 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature: G.R. Jenkins (M. D. or other) D.O.
Address: Lee's Summit, Mo Date signed 8-31-47

(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.....

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

working under my personal supervision.

Signed N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit

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.