

FILED OCT 25 1947

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:
4129 East 6 Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **1 yr**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **4129 East 6th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAMES

Jennie Lee Spealman

(b) If veteran, name war **No**

(c) Social Security No. **No**

4. Sex **F**

5. Color or race **W**

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

6. (b) Name of husband or wife **John N. Spealman**

6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **Nov - 11 - 1872**
(Month) (Day) (Year)

8. AGE:

Years **74**

Months **11**

Days **21**

If less than one day

hr. min.

9. Birthplace **Independence Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **"**

12. Name **William Ray**

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

14. Maiden name **Louisa Parker**

15. Birthplace **Independence Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. June Loveall**

(b) Address **4129 E. 6 Kansas City Mo**

17. (a) **Burial** (b) Date thereof **10-14-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Mo**

18. (a) Signature of funeral director **D. B. Tangford**

(b) Address **Miss Summit**

19. (a) **10-14-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1947** hour **9** minute **0** - P.M.

21. I hereby certify that I attended the deceased from **1 Aug** 1947 to **Oct 12** 1947
that I last saw her alive on **Oct 12** 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Acute nephritis**

Due to **Senile dementia**

Other conditions **Mitral stenosis**
(Include pregnancy within 3 months of death) **(Rheumatism)**

Major findings:
Of operations _____

Of autopsy _____

Duration **3 days**

10 days

8 years

5 yrs.

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? **D**

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature **G. R. Jenkins** (M. D. or other) **DR**

Address **Miss Summit** Date signed **10-13-47**

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

MOTHER FATHER

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 T. B. Langford
Licensed Embalmer No. 3833
P. O. Address Lee's Summit

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.