

No. 2
M-5-43
5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34687

State File No. _____
Registrar's No. 4222

Registration District No. 799 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: Research Hospital
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 weeks
(Specify whether years, months or days) 7 1/2 years see above

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(If outside city or town limits, write "RURAL")
(d) Street No. Rick Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W H Spicer
3. (b) If veteran, name war no
3. (c) Social Security none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 7th
year 1947 hour 7 minute 55 P.M.

4. Sex Male (a) Color or race white
(b) Single, widowed, married, divorced married
6. (c) Name of husband or wife Wm Spicer
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased January 1 - 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 25 1947 to Oct 7 1947
that I last saw him alive on Oct 7 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 09 Days 26
If less than one day hr. min.

Immediate cause of death Carcinoma of pancreas with obstruction of common duct b.w.
Due to _____
Due to _____

9. Birthplace Fulton (City, town, or county) Mo (State or foreign country)
10. Usual occupation Railroad Conductor

Other conditions (include pregnancy within 3 months of death)
Major findings: Carcinoma of pancreas & obstructive jaundice
Of operations _____
Of autopsy 46 g

MOTHER FATHER
12. Name John Spicer
13. Birthplace Virginia
14. Maiden name Norma Crowson
15. Birthplace no name no
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Slater
(b) Address no
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-9-47
(Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Walter Edmund (M. D. or other) 748
Address 1612 Prof. Bldg. Date signed 10-7-47

18. (a) Signature of funeral director Wm. J. Sage
(b) Address Slater Mo
19. (a) 10-7-47 (Date received local registrar) (b) Steadline Holmes (Registrar's signature)

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

JAN 2 1948

NOV 21 1947

OCT 21 1947

DEC 3 1958

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 *James E Jones*
Licensed Embalmer No. *3143*
P. O. Address. *Slater 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.