

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 1/2 Hrs.
(Specify whether years, months or days)
 In this community 6 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2542 Guinotte
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Michael Sperbeck
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 26
 year 1948 hour 5 minute 20 A. M.

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 25, 1948
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25, 1948, to June 26, 1948
 that I last saw him alive on June 26, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____
 If less than one day 6 hr. 30 min.

Immediate cause of death Prematurity
 Due to _____
 Due to _____

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation infant

Other conditions 159
(Include pregnancy, within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy See above

MOTHER FATHER
 11. Industry or business _____
 12. Name John William Sperbeck
 13. Birthplace Coffeyville, Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Constance Jean Ralls
 15. Birthplace Kansas City, Missouri
(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?
 While at work? _____
(Specify type of place) (e) Means of injury

16. (a) Informant Record Clerk
 (b) Address Kansas City General Hospital No.
 17. (a) Burial (b) Date thereof 9-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rede
 18. (a) Signature of funeral director [Signature]
 (b) Address [Address]
 19. (a) 7-13-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]
 Address Med. Dir. Gen'l Hosp. Date signed 8-26-48

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

to [unclear]

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm. A. [unclear]

Licensed Embalmer No. *2089*

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.