

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5136**
REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **470**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 46 Years		d. STREET ADDRESS (If rural, give location) 3305 Windsor	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) H. c. (Last) Spencer		4. DATE OF DEATH (Month) (Day) (Year) 1 30 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5 - 25 - 1883
9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Business		10b. KIND OF BUSINESS OR INDUSTRY Spencer Produce Co.	
11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Wm. Spencer		13b. MOTHER'S MAIDEN NAME Olive Shaeffer	
14. NAME OF HUSBAND OR WIFE Nanna D. Spencer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Miss Florence L. Spencer		ADDRESS -3305 Windsor	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cancer of colon with extensive metastasis		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon with extensive metastasis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 15 3/4			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Extensive Carcinomatosis with Ascites	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-12 , 19 49 to 1-30 , 19 49 , that I last saw the deceased alive on 1-30 , 19 49 , and that death occurred, at 10:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE E.N. Gentry		23b. ADDRESS E. N. Gentry M.D. - 2146 Bldg. K.E. Mo	
23c. DATE SIGNED 1-31-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-2-1949	
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 2-1-49		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster		ADDRESS Kansas City, Mo	

Misses (Mary)
219594

Dr. Anthony
Angelo Bldg.

PH 1577

Takey Leona

PH 1577
Jules

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Paul Clark

Signed _____
Student Embalmer

Licensed Embalmer No. 4216

P. O. Address A. C. Moore

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.