

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34001

4416

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1005		Registrar's No. _____									
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) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1300 Ewing Ave.,									
d. FULL NAME OF HOSPITAL OR INSTITUTION 1300 Ewing Ave.,				d. STREET ADDRESS (If rural, give location) 1300 Ewing Ave.,											
3. NAME OF DECEASED (Type or Print)			a. (First) William			b. (Middle) Marion			c. (Last) Spencer			4. DATE OF DEATH (Month) (Day) (Year) 10- 14- 49			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH may 17 1887		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) Spencerberg, Mo		12. CITIZEN OF WHAT COUNTRY? U. S.					
13a. FATHER'S NAME Porter D. Spencer				13b. MOTHER'S MAIDEN NAME Susan				14. NAME OF HUSBAND OR WIFE unknown Lolla Spencer							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Lolla Spencer, 1300 Ewing, K.C. No.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated myocarditis 2 yrs approx DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____								INTERVAL BETWEEN ONSET AND DEATH 10 minutes					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 None											
22. I hereby certify that I attended the deceased from Sept 21, 1949, to Oct. 14, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 12:00 P.M., from the causes and on the date stated above.															
23a. SIGNATURE J. J. Poesik				(Degree or title) D.O.P.				23b. ADDRESS 6518 Independence Ave				23c. DATE SIGNED 10/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-14-49		24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery				24d. LOCATION (City, town, or county) (State) Kingston, Missouri							
DATE REC'D BY LOCAL REG 10-15-49		REGISTRAR'S SIGNATURE Geraldine Holmes				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Coramer Clark, Kingston, Mo									

(Licensed Embalmers' Statement on Reverse Side)

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

sup.

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..... *Cramer Clark*

Signed.....
Student Embalmer

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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.