

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1323**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **253**

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) Unknown		3428	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, 3005 Forest, K.C., Mo.		d. STREET ADDRESS (If rural, give location) 3005 Forest, Kansas City, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Edward		c. (Last) Spring		4. DATE OF DEATH (Month) (Day) (Year) Jan 15, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8/22/1886		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Worker		10b. KIND OF BUSINESS OR INDUSTRY Wadsworth Bros.		11. BIRTHPLACE (State or foreign country) Montrose, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Spring		13b. MOTHER'S MAIDEN NAME Minnie Harr		14. NAME OF HUSBAND OR WIFE Eva G. Spring	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Eva G. Spring, 3005 Forest, Kansas C. Mo.	

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) Bacterial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombosis		10 days	
		DUE TO (c) Arterio Sclerosis		2 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		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) m.		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 **Jan 6, 1951**, to **Jan 15, 1951**, that I last saw the deceased alive on **Jan 14, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.W. Rose		23b. ADDRESS 1034 E. Edgewood, Kansas City, Mo.		23c. DATE SIGNED Jan 17 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/15/51		24c. NAME OF CEMETERY OR CREMATORY Maple Hill	
				24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	

DATE REC'D BY LOCAL REG. 1-17-51		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Long, K.C. Mo.	
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C. W. ...
1027 N. ...
BE 4/19/...
3345 Union ...
CL 4484

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Ray E Rose

Licensed Embalmer No. 4779

P. O. Address 703 N. 10, 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.