

FILED JUN 5 1951

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16817
2149

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY
d. STREET ADDRESS (If rural, give location) 1301 Woodland Avenue, 3750

3. NAME OF DECEASED (Type or Print)
a. (First) LOUIS b. (Middle) c. (Last) SPENCER

4. DATE OF DEATH (Month) (Day) (Year)
MAY 17 1951

5. SEX MALE 2

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 2

8. DATE OF BIRTH JUNE 15 1871

9. AGE (in years last birthday) 79

IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) NASHVILLE, TENNESSEE

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME NOT KNOWN

13b. MOTHER'S MAIDEN NAME TENNIE MAE --

14. NAME OF HUSBAND OR WIFE

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. 495-09-8466

17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES O. SPENCER 2107 North 8th; MILWAUKEE, WIS.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BRONCHIOGENIC CARCINOMA WITH EXTENSION TO RIGHT LUNG AND MEDIASTINUM
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
7.5 A
162X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 19 51, to 5-17, 19 51, that I last saw the deceased alive on 5-17, 19 51 and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE S. Frank Ellis (Degree or title)

23b. ADDRESS 600 East 22nd Street

23c. DATE SIGNED 5-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 19 51

24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery R. C. MO.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5-18-51 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nest Appleton Gurno Ke

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

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

Signed.....
Student Embalmer No.
[Handwritten Signature]

Licensed Embalmer No. *2710*

P. O. Address *R. 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.