

FILED JAN 17 1958

STANDARD CERTIFICATE OF DEATH

17379
STATE FILE NUMBER
6221

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

V. S. 300
Rev. 1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General #2			Length of stay in lb 4 yrs.		STREET ADDRESS 2615 Wabash 3900 Bapt. Conv. Home		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last Fannie V. Spence				4. DATE OF DEATH Month Day Year Dec. 27, 1957							
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 19, 1869		9. AGE (In years last birthday) FUNDER 1 YEAR IF UNDER 24 HRS. 88 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Namrsh, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Matthew Winn				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Richard Spence					
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 Address Carrie Davis, daughter 2615 Wabash					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Intertrochanteric fracture right femur.											
DUE TO (c) Senile dementia.								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient fell.							
20c. TIME OF INJURY Hour Month, Day, Year a.m. 12-20-57 p.m.				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bapt. Conv. Home		20f. CITY, TOWN, OR LOCATION 10 Independence Missouri		STATE Missouri	
21. I attended the deceased from 12-20-57 to 12-27-57 and last saw her alive on 12-27-57 Death occurred at 10:00 P on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE W. R. Peterson (Degree or title)						22b. ADDRESS 600 East 22nd Street		22c. DATE SIGNED 12-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-31-57		23c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		23d. LOCATION (City, town, or country) (State) Kans. City, Mo.					
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home				ADDRESS 18th & Benton		25. DATE RECD. BY LOCAL REG. 12-30-57		26. REGISTRAR'S SIGNATURE Reva Marshall			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION



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.

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.