REC'D JUL 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22269
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence
(b) Township Freistatt
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 473
Primary Registration District No. 5637
Registered No.

2. PRINT FULL NAME Rudolph William Carl Spree
(a) Residence, No. R.F.D. Mt. Vernon St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Minnie Spree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1878

7. AGE: Years 60 | Months 5 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Until

12. BIRTHPLACE (CITY OR TOWN) Minden
(STATE OR COUNTRY) Washington Co. Ill.

FATHER
13. NAME William Spree
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Fredrika ~~Hualman~~ Hesemann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Minnie Spree
(ADDRESS) R. F. D. #3, Mt. Vernon, Mo.

18. BURIAL, CREMATION, REMOVAL
PLACE Freistatt, Mo. DATE June 26, 1938

19. FUNERAL DIRECTOR Callaway's
(ADDRESS) Monett, Mo.

20. FILED June 25, 1938 Howard Rohleder
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to June 22, 1938
I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 9:30 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver - Jan	1937
Hb	
Other contributory causes of importance:	
Chronic Valular Heart Disease	1935

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Howard Rohleder M. D.
(Address) Freistatt, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12604

STATEMENT BY LICENSED EMBALMER

I, J. W. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. W. Buchanan

Licensed Embalmer No. 3179

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.)