

Registration District No. 444 Primary Registration District No. 5604

1. PLACE OF DEATH:

(a) County Knos

(b) City or town Rural Jeddels Twp.
(If outside city or town limits write "RURAL" and name of township)

(c) Name of hospital or institution:
5 miles south of Knos City, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days) 15

3. (a) PRINT FULL NAME LOIS EVELYN SPANGLER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 5. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 19 1923
(Month) (Day) (Year)

8. AGE: Years 16 Months 2 Days 17 If less than one day hr. _____ min. _____

9. Birthplace Knos Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation student

11. Industry or business _____

12. Name Chas Spangler

13. Birthplace Hancock Co Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Grace Bradford

15. Birthplace Hancock Co Illinois
(City, town, or county) (State or foreign country)

18. (a) Informant's own signature _____ (b) Address _____

17. (a) burial (b) Date thereof Dec 7, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brushers Mo.

18. (a) Signature of funeral director Geoff Easley

(b) Address Huddland, Mo

19. (a) Dec 8 1939 (b) Mrs C.M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knos

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mls South Knos City
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5th
year 1939 hour 12:40 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1939
Dec 5, 1939, to Dec 5, 1939;
that I last saw her alive on Dec 5, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Cardiac Insufficiency
Bronchiectasis 4 years

Due to _____

Due to _____

Other conditions 10/10
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes Means of injury _____

23. Signature Paul B. Lewis (M. D. or other) _____
Address Newark, Mo Date signed 12/5/39

PHYSICIAN
Underline the cause to which death should be charged statistically

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.

Is -
Mr. Charles
Edina

RECEIVED

District Health Officer No. 10

District File Number 1-40-108

Date Filed JAN 3 1940

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.....

Geo B Caskey Jr

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo B Caskey Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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, above space should be left blank.