

No. 2
4-13-40
-17-39
X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1854**
Registrar's No. **84**

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County **BUCHANAN**
(b) City or town **ST. JOSEPH**
(c) Name of hospital or institution: **STATE HOSPITAL No. 2**
(d) Length of stay: In hospital or institution **3 hrs. 1 M. 18 D.**
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Hittler Bluffs**
(d) Street No. **Edwards Bluff Co. Mo.**
(e) If foreign born, how long in U. S. A. **USA** years.

3. (a) PRINT FULL NAME **Homer Spaw.**
3. (b) If veteran, name war 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **E** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 3 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **6** Days **14** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER
12. Name **David Spaw**
13. Birthplace **Iowa**
14. Maiden name **Maggie Derigne**
15. Birthplace **Iowa**

16. (a) Informant **Hospital records**
(b) Address **State Hosp #2 St Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Jan 20 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mount Moriah, C. Mo.**

18. (a) Signature of funeral director **Eyerl Funeral Home**
(b) Address **Kansas City, Mo.**

19. (a) **1/18/41** (b) **H. Mastlebusch**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **17th** year **1941** hour **1** minute **35 P.** M.
21. I hereby certify that I attended the deceased from **Jan 17 1941** to **Jan 17 1941**; that I last saw him alive on **Jan 17 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **7 days.**

Due to **30 B**

Due to **Saboparesis** Duration **11 hrs**

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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? _____

23. Signature **Kenneth Thompson** (M. D. or other) _____
While at work _____ (Specify type of place) _____
(e) Means of injury _____

Address **State Hosp #2 St Joseph, Mo.** Date signed **1-17-41**

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

MAR 13 1956

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Chas Wrecks

Licensed Embalmer No. *2644*

P. O. Address *1800 Junewood*
H. C. W.

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.