

2
13-40
7-39
X23159

FILED MAY 7 1941
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1049

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14934

Registration District No. 457

Primary Registration District No. 3023

Registrar's No. 58

1. PLACE OF DEATH:
(a) County Tankerson
(b) City or town Warrensburg
(c) Name of hospital or institution: 311 Grover St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Tankerson 51
(c) City or town Warrensburg 2
(If outside city or town limits, write "RURAL")
(d) Street No. 311 Grover St. 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Fremont Spater
(b) If veteran, name war -
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 19
year 1941 hour 2 minute 40 P.M.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Lillie Gerhard Spater
(c) Age of husband or wife if alive 71 years
7. Birth date of deceased April 23 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1940, to April 19, 1941;
that I last saw him alive on April 19, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 11 Days 26
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic myocarditis 2 yrs
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace 1 Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer
11. Industry or business _____
12. Name Phillip Bankert Spater
13. Birthplace 1 Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Martha Lewis
15. Birthplace 1 Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Groves Clay
(b) Address Pleasant Hill, Mo.
17. (a) Burial (b) Date thereof April 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Waltz Bend Mo.
18. (a) Signature of funeral director W. S. Wilcox
(b) Address Warrensburg Mo.
19. (a) April 21 1941 (b) Beattie Bentley
(Date received local registrar) (Registrar's signature)

PHYSICIAN
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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature CB Johnson (M. D. or other) 0
Address Warrensburg, Mo. Date signed Apr 24 1941

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

RECEIVED
District Health Officer No. 8,
District File Number 5-5-41
Date Filed

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
(myself)
working under my personal supervision.

Signed *Samuel H. Lipin*
Registered Apprentice No. _____

Licensed Embalmer No. 3053

P. O. Address Warrensburg 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.