No. 2
1-10-39
17

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

MENT OF COMMERCE
EAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

26422

State File No.

FILED AUG 7 1941

Registration District No. 815

Primary Registration District No. ~~3039~~ 3039

Registrar's No. 228

**1. PLACE OF DEATH:**

(a) County Vernon

(b) City or town Nevada Mo. ~~Center Rural~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 45 yrs. (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon 108

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

(d) Street No. 1 mi South of Nevada
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 6 years.

3. (a) PRINT FULL NAME Henry Spohrer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband or~~ wife Phillipine Spohrer

6. (c) Age ~~of husband or~~ wife if alive 89 years

7. Birth date of deceased Aug (Month) 13 (Day) — 1851 (Year)

8. AGE: Years 89 | Months 11 | Days 11 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Contractor

11. Industry or business Retired

FATHER
12. Name Henry Spohrer
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Phillipine Effinger
15. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Joe Spohrer
(b) Address Monroe - Louisianna

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvery Cemetery

18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Mo.

19. (a) 7-23-1941 (Date received local registrar) (b) Allen E Hays (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 22 year 1941 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 23, 1941, to July 22, 1941; that I last saw him alive on July 21, ~~1941~~, 11 30 P.M. 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Uremic Poisoning progressive | 6 wks |
| Due to Chr Hypertrophied Prostate | 6-8 mos |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations None
Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R B Gray M D (M. D. or other) D
Address Nevada Mo Date signed 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-41-1229
Date Filed 8-5-41

**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 Allen V Hays

Licensed Embalmer No. 1968

P. O. Address Nevada M

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26422

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 228

**1. PLACE OF DEATH:**
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Spohrer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January 2 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Uremia | |
| Poisoning progressive | |
| Due to Chr. Hypertrophied prostrate with | |
| Due to retention of urine | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

131a