

FILED OCT 16 1941

Registration District No. **224**

Primary Registration District No. **5305**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **PRAIRIE HOME**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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 _____
years, months or days

3. (a) PRINT FULL NAME **MAYGAYET SPIELEY**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased **1 - 1 - 1848**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	93	8	6	hr. _____ min. _____

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

10. Usual occupation **HOUSE KEEPER**

11. Industry or business _____

MOTHER FATHER { 12. Name **HENRY YOUNG**

13. Birthplace **GEY MARY 4**
(City, town, or county) (State or foreign country)

14. Maiden name **UNK. NOWN**

15. Birthplace **GEY MARY 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. F. Spealer**

(b) Address **California MO**

17. (a) **BURIAL** (b) Date thereof **9-9-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PLEASANT GROVE CEM.**

18. (a) Signature of funeral director **C. ALBERT HOYNGBECK**

(b) Address **PRAIRIE HOME MO.**

19. (a) **9-7-41** (b) **A. S. Meredith**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **RURAL** **211**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes No
If yes, name country **INDIANA**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**
year **1941** hour **6:45** minute _____ M.

21. I hereby certify that I attended the deceased from **Sept 1941** to **Sept 7 1941**
that I last saw _____ alive on **Sept 6 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senile Debility** Duration **3**

Due to **Old age**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **1628**
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) _____ (e) Means of injury _____
While at work _____
23. Signature **A. L. Meredith** (M.D. or other) **Physician**
Address **Prairie Home** Date signed **9/7/41**

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

RECEIVED
District Health Officer No. 8,
District File Number 10-14-41
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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed C. ALBERT HOYMBECK
Licensed Embalmer No. 2714
P. O. Address PRAIRIE HOME

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31412

Registration District No. 224

Primary Registration District No. 5305

Registrar's No.

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Prather Home
(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
In this community years, months or days)

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 1-1-1848
(Month) (Day) (Year)

8. AGE: Years 93 Months 8 Days 14 (If less than one day min.)

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

10. Usual occupation

11. Industry of business

MOTHER FATHER

12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (b) Date thereof: (Month) (Day) (Year)
(Burial, cremation, or removal)

(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 Sept day year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19.....; that I last saw him/her alive on 19.....; and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 0

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

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

SUPPLEMENTARY

S-31412 1941