

FILED MAR 4 1942
Registration District No. 404

Primary Registration District No. 5356

Registrar's No. 5

1. PLACE OF DEATH: Jackson
 (a) County: RURAL
 (b) City or town: Van Buren Twp.
 (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: Life
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo. (b) County: Jackson 48
 (c) City or town: rural - Lone Jack, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME: NANCY ANN SPAINHOUR
 3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 19 year 1942 hour 9 minute 30 P. M.

4. Sex: FEMALE 1
 5. Color or race: WHITE 2
 6. (a) Single, widowed, married, divorced, WIDOWED
 6. (b) Name of husband or wife: Francis Spainhour
 6. (c) Age of husband or wife if alive: 1807 years
 7. Birth date of deceased: March 17 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-3, 1942, to 2-18, 1942, that I last saw her alive on 2-18, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 11 Days 1 If less than one day hr. min.

Immediate cause of death: Cerebral Hemorrhage
 Duration: 5 da 11 mo

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

Due to: Due to: Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

Major findings: Of operations: Of autopsy: none

11. Industry or business:
 12. Name: Bird Snow
 13. Birthplace: N.C. (City, town, or county) (State or foreign country)
 14. Maiden name: Fannie Smith
 15. Birthplace: N.C. (City, town, or county) (State or foreign country)

PHYSICIAN: 8301
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Issac Spainhour
 (b) Address: Lone Jack Mo.
 17. (a) Burial (b) Date thereof: 2/21/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Lone Jack Mo.

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?

18. (a) Signature of funeral director: Pleasant Hill Mo.
 (b) Address: Pleasant Hill Mo.
 19. (a) Feb. 21, 1942 (b) Mrs. Clifford Hunt
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury: U
 23. Signature: (M. D. or other) M.D.
 Address: Date signed: 2/21/42

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

789

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.....

By me on Feb 19 1942

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

R. W. Brownfield

Licensed Embalmer No.....

3785

P. O. Address.....

Pleasant Hill Mol

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.