

STANDARD CERTIFICATE OF DEATH

20614

State File No. ....

Registration District No. 6.6

Primary Registration District No. 5/102B

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Bollinger  
(b) City or town Rural Lorange Twp.  
(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 Mo. (b) County Bollinger  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Leopold, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Frank Spooler

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 10 1942  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. 20 min.

9. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER, FATHER { 12. Name William J. Spooler  
13. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Heimsath  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Spooler  
(b) Address Leopold, Mo.

17. (a) Burial (b) Date thereof June 11, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Leopold, Mo.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) June 10 1942 Mrs. Geneva Graham  
(Date received registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th  
year 1942 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 6/9/42  
19\_\_\_\_, to 6/10/42 19\_\_\_\_  
that I last saw h. alive on 6/10/42  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature  
2 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) 159

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature John J. Myran (M. D. or other) \_\_\_\_\_  
Address Leopold, Mo. Date signed 6/10/42

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

900

RECEIVED  
District Health Officer No. 4  
District File Number 742-881  
Date Filed 7-16-42

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**