

S. No. 2  
I-9-4-41  
5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24354

State File No. ....  
Registrar's No. 522

Aug 14 1942  
Registration District No. 318

Primary Registration District No. 2001

39  
2  
6  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

3. (a) PRINT FULL NAME (Unnamed) Spellman  
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 Inf  
6. (b) Name of husband or wife Inf 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased July 13 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 0 0 1 hr. min.

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

10. Usual occupation Inf

11. Industry or business  
12. Name Le Roy Spellman  
13. Birthplace Unknown Montana  
(City, town, or county) (State or foreign country)  
14. Maiden name Stierwaldt  
15. Birthplace Lawrence Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Le Roy Spellman  
(b) Address Mt Vernon R. 2

17. (a) Removal (b) Date thereof 7 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation  fellowship

18. (a) Signature of funeral director H. D. Fabelt  
(b) Address Mt. Vernon, Mo

19. (a) 7-15-42 (b) D. W. Hardley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Lawrence  
(c) City or town Mt. Vernon, Mo  
(If outside city or town limits, write "RURAL") Rural  
(d) Street No. 33  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1942 hour 30 P. minute M.

21. I hereby certify that I attended the deceased from July 13 to July 14 1942 that I last saw him alive on July 13 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to.....  
Due to..... 159  
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....

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 Penarth Glover M.D. (U. D. or other)  
Address Mt Vernon, Mo Date signed 7/15/42

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically

784 (Licensed Embalmer's Statement on Reverse Side)

**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.**