

Registration District No. 25 Primary Registration District No. 4036

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Rich Hill
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County Bates
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No. 9th + VINO (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Arthur Dinkle Sponaugle
3. (b) If veteran, name war - 3. (c) Social Security No. -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6 year 1942 hour 8:00 minute 2 a. M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced 2W
6. (b) Name of husband or wife Mollie Sponaugle 6. (c) Age of husband or wife if alive Decayed years
7. Birth date of deceased JAN 14 1874 1935 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7 1942 to July 4 1942 that I last saw him alive on Aug 6 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 6 Days 23 If less than one day hr. min.

Immediate cause of death Chr. Arteriosclerosis
Due to Cerebral type
Due to Chr. Hypertension
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Dayton Virginia (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business -
12. Name W.M. HENRY SPONAUGLE
13. Birthplace VIRGINIA (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Of operations 97
Of autopsy

16. (a) Informant MYRTLE CROWL
(b) Address RICH HILL MO.
17. (a) BURIAL (b) Date thereof AUG 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director Booth Dinkler
(b) Address Rich Hill Mo
19. (a) Aug 17/42 (b) Mrs. O.W. Dinkler (Date received local registrar) (Registrar's signature)

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 Bates N. Luber (M. D. or other) MD
Address Rich Hill, Mo. Date signed 8/17/42

RECEIVED

District Health Officer No. 7,

District File Number 9-42-951

Date Filed 9-8-42

APR 7 1948

APR 7

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

John G. Hedwood

Licensed Embalmer No. 3585

P. O. Address Butler, Md

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.