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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

*D. H. Hays* 24993

FILED AUG 1943  
Registration District No. 38/28

Primary Registration District No. 2000

State File No. \_\_\_\_\_  
Registrar's No. 599

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. John Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 da  
In this community 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 718 E. Walnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Louis N. Spaulding  
(b) If veteran, name war No. (c) Social Security No. No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 25  
year 1943 hour 6 minute 15 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Dorothy Spaulding (c) Age of husband or wife if alive Unk. years  
7. Birth date of deceased March 9 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 19, 1943 to July 25, 1943  
that I last saw him alive on July 25, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 4 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Coronary Thrombosis Duration 6 days

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

Due to \_\_\_\_\_  
Due to 9 & a  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Dentist

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy Coronary Thrombosis  
9 other vessels  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Louis Spaulding  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Cynthia E. Bragg  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Spaulding  
(b) Address Springfield 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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-27-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address [Address] Date signed 7/28

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield Mo.  
19. (a) 7-28-43 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

AUG 17 1943

DEC 6 1944

MAR 16 1944

**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 *L. Evelyn Gosman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

**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.**