

25671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 251Primary Registration District No. 3048Registrar's No. 101

1. PLACE OF DEATH

(a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis hospital
 (If not in hospital or institution, write street number or location) 1 week
 (d) Length of stay: In hospital or institution. (Specify whether

In this community _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME John H. Spire

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elizabeth Spire 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. October 7 1870
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Maryville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Andrew Spire13. Birthplace unknown Ohio
(City, town, or county) (State or foreign country)14. Maiden name Mary Schorr15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Elizabeth Spire(b) Address Parnell Missouri17. (a) burial (b) Date thereof 6-26-43
(Date received local registrar) (Month) (Day) (Year)(c) Place: burial or cremation St. Joseph's cemetery18. (a) Signature of funeral director Funeral Home(b) Address Maryville Mo19. (a) 6-25-43 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
 (c) City or town Parnell (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23
 year 43 hour _____ minute 40 P. M.

21. I hereby certify that I attended the deceased from 6-16, 1943, to 6-23, 1943.
 that I last saw him alive on 6-23-43, 1943,
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Distention caused
by rupture carcinoma
of descending colon
with intestinal obstruction
Colostomy done 6-17-43

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations W6

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) Means of injury _____

23. Signature J.M. Boyles (M. D. _____)Address Maryville Mo Date signed 6-24-43

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 2
M-5-42
7-5-17-39
PI X

FILED JUL 1 - 1943

74
3-

MOTHER FATHER

1267

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.