

FILED SEP 9 1943
Registration District No.

Primary Registration District No. 4186

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Side, Sullivan, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One week
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Franklin
(c) City or town Sullivan,
(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.

3. (a) PRINT FULL NAME Samual Spindler,

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 Flora Bell Spindler 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 15th. 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 12 ..hr. ..min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Samual S. Spindler,
13. Birthplace Switzerland,
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Schaffner
15. Birthplace Switzerland,
(City, town, or county) (State or foreign country)

16. (a) Informant A. J. Spindler,
(b) Address Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Crow Cemetary

18. (a) Signature of funeral director J. S. Williams
(b) Address Sullivan, Mo.

19. (a) 8/30/43 (Date received local registrar) (b) Delbert Wilkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th.
year 1943 hour 3 - 15 minute P.m.

21. I hereby certify that I attended the deceased from August 19th
1943 to August 27th 1943
in August 27th. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Hypertension

Due to

Other conditions 8301
(Include pregnancy within 3 months of death)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Samuel R. Barwood, M.D. (Specify type of place) (a) Means of injury mas
Address North Side Hospital Sullivan Date signed 8/30/43

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

MOTHER FATHER

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

J. B. Williams

Licensed Embalmer No. 427

P. O. Address... Sullivan, 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.