

No. 2
-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 378501
Registrar's No. 1236

FILED DEC 6 1943

Registration District No. 12

Primary Registration District No. 1000

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days 0
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL.") 7
(d) Street No. 529 North 25th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EVA C. SPEAR
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 5
year 1943 hour 7 minute 55P M.
21. I hereby certify that I attended the deceased from Sept
R 9 1943 to Nov-5 1943
that I last saw h. 24 alive on Nov-5 1943
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Feb. 11 1836
(Month) (Day) (Year)

Immediate cause of death Splenic Anemia
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 75a
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
57 8 24 _____ hr. _____ min.

9. Birthplace St. Joseph 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Secretary

11. Industry or business Retired from Morris Plan

MOTHER FATHER { 12. Name Leopold Spear
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Esther Rosenberger
15. Birthplace Hanover 1 Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Hassenbusch
(b) Address 529 North 25th

17. (a) burial (b) Date thereof 11/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Adath Joseph Cem.

18. (a) Signature of funeral director Heaton Bellole & Bowman
(b) Address 319 South 10th

19. (a) 11/6/43 (b) Pre Skrzyz
(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 T. L. Howden (M.D. or other) M D
Address 620 Main St Date signed 11-5-43

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

Dr. J. L. Howden
Kirk Bldg.

DEC 7 1943

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 Emmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 248

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.