

FILED FEB 9 1944

State File No.

Registration District No. 116

Primary Registration District No. 4182

Registrar's No. 5

1. PLACE OF DEATH

(a) County Franklin
(b) City or town Newbourn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Y years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME ELMORE SPINNER

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

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Gonnette Spinner 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 27 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name August Spinner
13. Birthplace Germany
(City, town, or county) _____ (State or foreign country)
14. Maiden name Julia Guehl
15. Birthplace Missouri
(City, town, or county) _____ (State or foreign country)

16. (a) Informant Wm Elmore Spinner
(b) Address Newbourn Mo.

17. (a) Burial (b) Date thereof 2 2 44
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Newbourn Mo.

18. (a) Signature of funeral director W. B. P. Erdmann

(b) Address Newbourn Mo.

19. (a) FEB 1 - 1944 (b) Calava Conpland
(Date received local registrar) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st
year 1944 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from October 31, 1938 to Jan. 31, 1944
that I last saw him alive on Jan 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Prostate

Due to Carcinoma of prostate Prostate

Due to _____
Other conditions Phlebitis of left leg April 1941
(Include pregnancy within 3 months of death)

518
Major findings: Carcinoma of Prostate PHYSICIAN
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy none

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) _____ (c) Means of injury _____
23. Signature B. P. Erdmann MD.
Address New Haven, Mo. Date signed 2/1/44

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

DEC 20 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 *Carl Fertig*

Licensed Embalmer No. *3387*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Registration District No. 110

Primary Registration District No. 4182

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town New Haven
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME Elmore Spinner

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

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

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

7. Birth date of deceased July 27 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day, hrs. min.
16 6 27

9. Birthplace New Haven Rural No.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) W. A. England (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1918 hour 10 minute 1 M.

21. I hereby certify that I attended the deceased from 1918 to 1918; that I last saw him alive on July 27, 1918, and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to

Other conditions (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? (City or town) (County) (State)

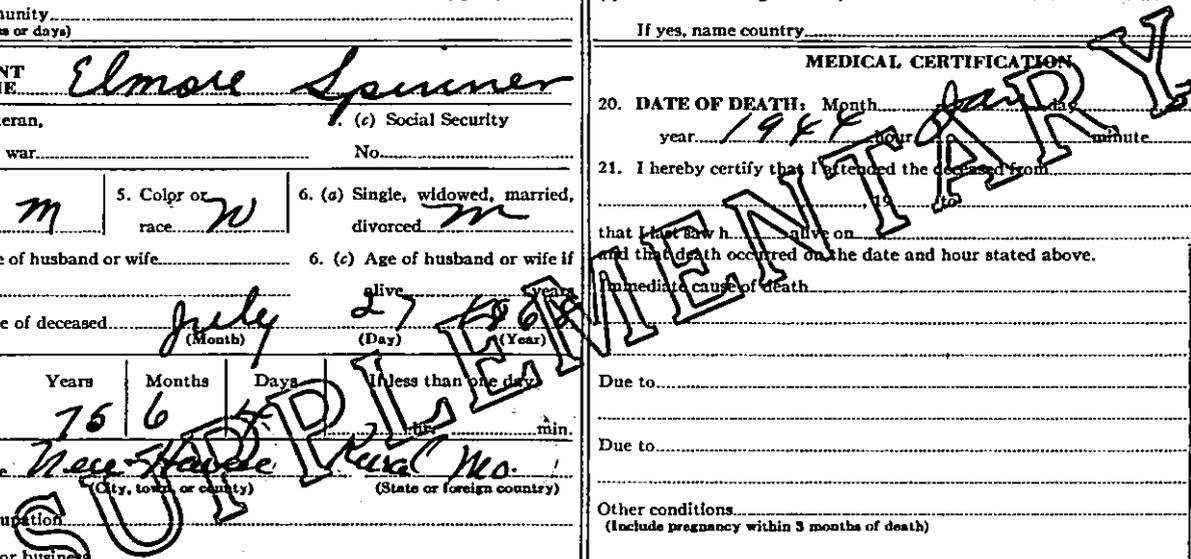
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

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



DEC 20 1940