

FILED JAN 16 1945

Registration District No. 1

Primary Registration District No. 3028

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 847 W. Centennial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 847 W. Centennial
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME

David Spain

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased May 18 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 1
If less than one day hr. min.

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

10. Usual occupation Retired Liveryman

11. Industry or business None

12. Name Jim Spain

13. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Tryon

(b) Address 847 W. Centennial, Carthage

17. (a) Burial (b) Date thereof Dec. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 20 '44 (b) E. Elizabeth Corplein
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1944 hour 1:40 minute A. M.

21. I hereby certify that I attended the deceased from Dec 14
1944 to Dec 19 1944

that I last saw him alive on Dec 17 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration

Due to Chronic Valvular Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g2d

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 0

23. Signature [Signature] (M. D. or other)

Address Carthage, Mo. Date signed 12-19-44

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

9
1
3

49
1
-

1203

44-12-1089

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..... *Emm L. Noel*

Licensed Embalmer No. *391*

P. O. Address..... *Carthage*

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.