S. No. 2
M—8-43
. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. 291

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4435

14332

State File No.

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Unionville
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam
(c) City or town Unionville
(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 Alma Alice Spaw
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Samuel B Spaw
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) — 3 (Day) — 1871 (Year)
8. AGE: Years 74 Months 1 Days 17 If less than one day hr. min.
9. Birthplace Wayne County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation At Home
11. Industry or business House work
12. Name John H Rakes (FATHER)
13. Birthplace Indiana (City, town, or county) (State or foreign country)
14. Maiden name Cynthia Wright (MOTHER)
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Victor Ledford
(b) Address Unionville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery
18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo. By J.W. Comstock
19. (a) 4-4-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1945 hour 6 minute A.M.
21. I hereby certify that I attended the deceased from March 19, 1945, to March 19, 1945 that I last saw her alive on March 19, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arterial Hypertension	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. W. McDonald (M.D. or other) DO
Address Unionville, Mo. Date signed 4/4/45

1099

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-676
Date Filed APR 13 1945

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 James W Comstock

Licensed Embalmer No. 4197

P. O. Address Unionville, 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.