S. No. 2
9M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24251

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 133

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: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)

In this community: 3 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.: Stone Memorial Hospital
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: - - -

3. (a) PRINT FULL NAME: Stanley Milton Spokas

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: Single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: June (Month) 29 (Day) 1945 (Year)

8. AGE: Years 0 Months 0 Days 3 If less than one day hr. min.

9. Birthplace: Carthage (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: Adolph Albert Spokas
13. Birthplace: Philadelphia (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name: Susan Hutto
15. Birthplace: Madison (City, town, or county) Florida (State or foreign country)

16. (a) Informant: A. A. Spokas
(b) Address: 1101 Jersey, Carthage, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 3, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Bartow, Florida

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) July 3 '45 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 2 day year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 30, 1945, to July 2, 1945, that I last saw him alive on July 2, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis — Duration: 3da

Due to:

Due to:

Other conditions: none
(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: Albert B. Keeley (M. D. or other) DO
Address: Carthage Mo. Date signed: July 3 '45

1203 (Licensed Embalmer's Statement on Reverse Side)

45-7-612

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 Emma L Knell

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.