

No. 2
8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED

SEP 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27804**

Registration District No. **179**

Primary Registration District No. **4288**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Moscow Mills
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lincoln
(c) City or town Moscow Mills
(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 ROBERT WARNER Spain
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 11
year 1945 hour 8:10 minute _____ P.M.
21. I hereby certify that I attended the deceased from August 18, 1945 to August 11, 1945,
that I last saw him alive on August 11, 1945,
and that death occurred on the date and hour stated above.
Immediate cause of death chronic myocarditis Duration 10 years

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna Elizabeth Spain 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased December 28, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Retired

12. Name Robert Spain

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

14. Maiden name Marion Southern

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

16. (a) Informant Mrs R. N. Spain

(b) Address Moscow Mills, Mo

17. (a) Burial (b) Date thereof Aug 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deutzville, Mo

18. (a) Signature of funeral director Kempfer Funeral Home
(b) Address Judy Mo

19. (a) Aug 18, 1945 (b) Pauline M. Grogan
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) old aged
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) (e) Means of injury _____
23. Signature Dr J J Allivato (M. D. _____)
Address Winfield, Mo Date signed 8/14/45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 9-6-45

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 Morris Marchong

Licensed Embalmer No. 2461

P. O. Address Wentzville 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.