V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30278

FILED OCT 9 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 300

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

1. PLACE OF DEATH:

(a) County Calloway

(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp no 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yr. 7 mo 18 days (Specify whether
In this community 4 yr. 7 mo 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Camden 14

(c) City or town Camdenton 1
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mike Spellman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

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

9. Birthplace Morgan Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) 9 (State or foreign country)

16. (a) Informant Camden County Court
(b) Address Camdenton

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-24-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director [illegible]
(b) Address 717 Bluff St Fulton Mo

19. (a) 9-24-1945 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23
year 1945 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept 1, 1945, to Sept 23, 1945
that I last saw him alive on Sept 22, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Generalized arteriosclerosis	
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 0

23. Signature Forrest Thomas (M. D. or other)
Address Fulton Mo Date signed 9/24/45

(Licensed Embalmer's Statement on Reverse Side) State Hosp

RECEIVED
District Health Officer No. 9,

District File Number .....

Date Filed 10-8-45

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 J. D. Rosson

Licensed Embalmer No. 2555

P. O. Address Fulton 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.