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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 28 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 135

1. PLACE OF DEATH:

(a) County AUDRAIN

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

(c) Name of hospital or institution:
604 N Trade St 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County AUDRAIN

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

(d) Street No. 605 N Trade
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MAE LOUISE SPELMAN

3. (b) If veteran, name war V

3. (c) Social Security No. L

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife CLAY SPELMAN

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased JUNE 24 - 1909
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27
year 1945 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 10-26 - 1945 to 10-27 - 1945
that I last saw her alive on 10-27 - 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 4 Days 23
If less than one day hr. _____ min. _____

Immediate cause of death Pulmonary Tuberculosis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13k

9. Birthplace Boone Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation HWA

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

MOTHER FATHER {

11. Industry or business _____

12. Name James H. Long

13. Birthplace Boone Co. Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Walter Green

15. Birthplace Boone Co. Mo. D
(City, town, or county) (State or foreign country)

16. (a) Informant Clay Spelman

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Oct 28 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. Hope, Mo.

18. (a) Signature of funeral director Barnes & Booth

(b) Address Sturgeon, Mo.

19. (a) Oct 28 1945 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Francis Jolley, M.D. (M. D. or other) _____

Address 117 E. Monroe Date signed 10-27-1945

1404

(Licensed Embalmer's Statement on Reverse Side)

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

4
1
2

JUL 10 1947

RECEIVED

District Health Officer No. 10

District File Number 11-45-1687

Date Filed NOV 24 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..... *A. E. Booth*

Licensed Embalmer No. 4087

P. O. Address. *Sturgeon, 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.