

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35930**
Registrar's No. **107**

Registration District No. **2**

Primary Registration District No. **5018**

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

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Whitesville
(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 most of life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew

(c) City or town Whitesville
(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 Clarence Victor Spohn

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race Cau

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

6. (b) Name of husband or wife Julia Rosetta

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 12 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 12
year 1946 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from NOV. 12
1946 to NOV 12 1946
that I last saw him alive on NOV 12 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>10</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Coronary artery thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Indianola Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Same

MOTHER FATHER

12. Name Jonathan B. Spohn

13. Birthplace Unknown

14. Maiden name Mary Jane Lucas

15. Birthplace Unknown

PHYSICIAN

Major findings: 94A

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Julia Rosetta Spohn

(b) Address Whitesville Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 11.14.1946
(Month) (Day) (Year)

(c) Place: burial or cremation Whitesville Mo.

18. (a) Signature of funeral director R. H. Tappan

(b) Address King City Mo.

19. (a) 11-13-46 (Date received local registrar)

(b) Lillian Spohn (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 Dr. K. A. Barnes (M. D. or other) MD

Address King City, Mo. Date signed 11/13/46

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

R. G. Taggart

Licensed Embalmer No. 2565

P. O. Address King City 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.