

FILED NOV 19 1946  
42  
Registration District No. ....

Primary Registration District No. **1000**

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

34996

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
916 Corby St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 25 Years

**3. (a) PRINT FULL NAME** Claude Vernon Spring  
**3. (b) If veteran,** name war None  
**3. (c) Social Security** No. 307-01-8486

**4. Sex** Male **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Bernice  
**6. (c) Age of husband or wife if alive** 52 years  
**7. Birth date of deceased** January 31 1890  
(Month) (Day) (Year)

**8. AGE:** Years 56 Months 9 Days 11  
 If less than one day hr. min.

**9. Birthplace** Indianapolis Indiana  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Salesman- Plant Foreman

**11. Industry or business** Messenger Corp.

**12. Name** Unknown

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

**14. Maiden name** Mary L. Chandler

**15. Birthplace** Indianapolis Indiana  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Mrs. Bernice Spring  
**(b) Address** 916 Corby St.

**17. (a) Burial** Memorial Park Cemetery  
(Burial, cremation, or removal) **(b) Date thereof** Nov. 14, 1946  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** Hermon W. Deussen  
**(b) Address** 1802 Union St. St. Joseph, Mo.  
**19. (a) Nov. 15, 1946** **(b) Jaques Mann, Deputy**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 916 Corby St.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \*

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month November Day 12  
 year 1946 hour 12 minute 40 A. M.  
**21. I hereby certify that I attended the deceased from** viewed  
Nov 12th, 1946 to ....., 19.....  
 that I last saw h..... alive on ....., 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

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

Due to .....

Due to .....

Major findings:  
 Of operations 94A

Of autopsy .....

**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)  
 Means of injury .....  
**Signature** B. W. Tadlock **Coroner**  
(M. D. or other)  
**Address** 1119 Hill Bluff **Date signed** 11/15/46

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

JAN 28 1949

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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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.