

No. 2
12-45
17-39
X47070

FILED MAY 16 1947

Registration District No. 243

Primary Registration District No. 3047

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sales Memorial 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73
(c) City or town Fairview
(If outside city or town limits, write "RURAL") 0
(d) Street No. P.O. Box # 85
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin J. Spang

3. (b) If veteran, name war W. War # 1 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Namoni 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 13 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>25</u>	_____ hr. _____ min.

9. Birthplace Philadelphia, Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Lab. Tech

11. Industry or business _____

12. Name William Spang

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

14. Maiden name Clara V. Hansel

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

16. (a) Informant Mrs Namoni Spang

(b) Address Fairview, Mo.

17. (a) Burial (b) Date thereof 5/12/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Fairview, Mo

18. (a) Signature of funeral director Bigham Mortuary

(b) Address 200 E. Spring St

19. (a) May 10, 1947 (b) Melvin L. Bowman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1947 hour 5.30 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan 10
1947 to May 8 1947
that I last saw him alive on May 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 15 min.

Due to Angina Pectoris

Due to 94A

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Harold Chest (M. D. or other) 0
Address Neosho Mo Date signed May 19, 1947

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

MAY 22 1947

RECEIVED

District Health Officer No. *Neutoss*

District File Number *547-99*

Date Filed *5-14-47*

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 *Beila Thomhill*

Licensed Embalmer No. *3590*

P. O. Address *Japlin, 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.