S. No. 2
I—1/47
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 10 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5969

Registration District No. 316 — Primary Registration District No. 6074 — Registrar's No. 64

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Cantwell, Mo
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Mo. (b) County St. Francois
(c) City or town Cantwell 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Elva Spore
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James Spore
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 3 (Day) 1868 (Year)

8. AGE: Years 79 Months 2 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Ind. (State or foreign country)
10. Usual occupation Care of home
11. Industry or business

FATHER
12. Name John W. Woodward
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Nancy Combs XXXX
15. Birthplace (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Mrs. Sadie Pace
(b) Address Cantwell, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Herod Cemetery
18. (a) Signature of funeral director C. Z. Boyer
(b) Address Desloge, Mo.
19. (a) 3-4-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24
year 1948 hour 8 minute 20 p M.

21. I hereby certify that I attended the deceased from May, 1945, to Feb 8, 1948, that I last saw her alive on Feb 8, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	4d
Due to	
Due to	
Other conditions: Pernicious anemia (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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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 H. A. Gall (M. D. or other)
Address Desloge, Mo Date signed 2-27-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 348-329

Date Filed 3-9-48

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 S. T. Soyer

Licensed Embalmer No. 3660

P. O. Address Vesloge, 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.