

FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29634

Registration District No. 47

Primary Registration District No. 4234

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(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 John Benjamin Spitzmiller

3. (b) If veteran, name war no 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 Nettie Spitzmiller 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 3 1882
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Ironton Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation taxi operator

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Spitzmiller 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Staumbaugh
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Spitzmiller

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director White Funeral Home

(b) Address 10-4 48 Ironton Mo.

19. (a) 10-4 48 (b) Mrs. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9-12-48 19. to 9-28-48 19. ;
that I last saw him alive on 9-28-48 - 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 9-27-48

Due to chronic myocarditis ?

Due to chronic nephritis ?

Other conditions chronic pulmonary congestion ?
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 1213
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) (c) Means of injury _____

23. Signature R. E. Harland (M. D. or other) M.D.

Address Ironton, Mo. Date signed 9-29-48

RECEIVED
District Health Officer No. 4
District File Number 648-126
Date Filed 10-11-48

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 Arnel J. White
Licensed Embalmer No. 3012
P. O. Address Newton Mass

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.