

FILED JAN 27 1949
Registration District No. 28

Primary Registration District No. 2000

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Rural Campbell Twp.
(c) Name of hospital or institution:
Springfield R.F.D. # 11
(d) Length of stay: In hospital or institution 37 Years
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Rural
(d) Street No. Springfield R.F.D. # 11
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME George Francis Spear
(b) If veteran, name war none (c) Social Security No. ?

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Estella Spear (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 28, 1879

8. AGE: Years 69 Months 11 Days 15 If less than one day hr. min.

9. Birthplace La Grange County, Indiana
Usual occupation Supplyman

11. Industry or business Frisco Railroad
12. Name Anderson Spear
13. Birthplace unknown Indiana
14. Maiden name Wahala Jennie
15. Birthplace unknown Indiana

16. (a) Informant Mrs. Estella Spear
(b) Address R.F.D. # 11, Springfield, Mo.
17. (a) Burial (b) Date thereof 1/16/1949
(c) Place: burial or cremation Funerary

18. (a) Signature of funeral director Fred C. Thieme
(b) Address Springfield, Mo.
19. (a) 1-16-49 (b) W.S. Standley

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13th
year 1949 hour 12: minute 50 A. M.

21. I hereby certify that I attended the deceased from Jan 3, 1949 to Jan 13, 1949
that I last saw him alive on Jan 12, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Degenerative vascular disease

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

Major findings: Of operations None
Of autopsy _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Arthur D. Karab (M. D. or other) _____
Address 1630 N. Jefferson Date signed 1/17/49

BY: J. D. W. M. P.

JAN 28 1924

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 *Ralph H. Thiem*
Licensed Embalmer No. 3681
P. O. Address Springfield, 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.