

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14263

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan <sup>2</sup> Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001  
(c) City St. Joseph <sup>1</sup> (d) Street No. 3228 Olive Registered No. 386  
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Iowa Spangler

(a) Residence, No. 3228 Olive, St. Joseph St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Spangler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 3 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk, Iowa <sup>1</sup>

FATHER 13. NAME William W. Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

MOTHER 15. MAIDEN NAME Mary McCoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Scotland

17. INFORMANT Mrs. Edna Wilson  
(ADDRESS) 3228 Olive St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE April 11, 1939

19. FUNERAL DIRECTOR Walter Muehlhoff  
(ADDRESS) 1302 Faraon St., St. Joseph

20. FILED 4-11 1939 W. H. Nettles  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1939, to Apr 9, 1939  
I last saw her alive on Apr 8, 1939 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Neurosis <sup>Date of onset</sup> 4-8-39

Other contributory causes of importance:

sensibility  
arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) St. Joseph, M. D.(Address) Kirkpatrick Bldg.

**STATEMENT BY LICENSED EMBALMER**

I, John Anderson, Licensed Embalmer No. Mo. 4056

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John C Anderson  
Licensed Embalmer No. Mo. 4056

**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.)**