

DEC 18 1939

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

39581

Do not use this space.

1. PLACE OF DEATH

(a) County Gentry
(b) Township Huggins
(c) City Huggins

Registration District No. 309

Primary Registration District No. 5425

Registered No. 46

(d) Street No. 1

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

(f) How long in U. S., if of foreign birth?

2. PRINT FULL NAME Eliza Ann Spainhower

(a) Residence, No. 1516

St. Mo.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

James H. Spainhower

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

Oct. 8 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

74

1

11

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

at home

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)

Gentry County

Mo.

FATHER

13. NAME William Harris

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

Unknown

Virg.

MOTHER

15. MAIDEN NAME Minerva Dragoo

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

Princeton

Mo.

17. INFORMANT John Spainhower
(ADDRESS) Stanberry, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hugginsville

DATE Nov. 26, 1939

19. FUNERAL DIRECTOR (NAME) Brooks Funeral Home
(ADDRESS) Albany, Mo.

20. FILE NO.

99.20, 1939, W.T. Martin

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 1, 1937, to Nov. 19, 1939

I last saw her alive on Nov. 19, 1939 Death is said

to have occurred on the date stated above, at 1:20 P.M.

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

Hodgkins Disease

Date of onset

1937

Other contributory causes of importance:

Wentworth

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) A. G. Pray

(Address) Albany, Mo.

RECEIVED
District Health Officer No. 11,
District File Number 1239-1722
Date Filed DEC 15 1939

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 *C. H. Brooks*
Licensed Embalmer No. 3329
P. O. Address Albany, 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, above space should be left blank.