

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

42683  
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30  
(b) Township Kings Prairie Primary Registration District No. 5042 Registered No. 1  
(c) City or (d) Street No. \_\_\_\_\_ St.  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norman Elvance Spain

(a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Spain</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13, 1886</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Station</u>	
	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) <u>Barry County, Mo.</u>		
FATHER	13. NAME <u>Henry E. Spain</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Rowena Saunders</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Mrs. Florence Spain,</u> (ADDRESS) <u>Lionett, Mo.</u>		
18. BURIAL <del>X</del> CREMATION <del>X</del> OR REMOVAL <del>X</del> PLACE <u>I. O. O. F. Cemetery</u> DATE <u>Dec. 4, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Callaway's,</u> (ADDRESS) <u>Lionett, Mo.</u>		
20. FILED <u>12-4-</u> 1939 <u>W. M. West</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937, to Dec 2, 1939  
I last saw him alive on Nov 17, 1939 Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:  
Myocardia  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 42 ft

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Physic Where an autopsy? to

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? to  
If so, specify \_\_\_\_\_  
(Signed) M. J. Russell, M. D.  
(Address) Margaret

RECEIVED

District Health Officer No. 6,

District No. 140-209

Date Filed JAN 12 1940

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.....

J. P. Buchanan  
working under my personal supervision.

....., Registered Apprentice No.....

Signed J. P. Buchanan  
.....

..... Licensed Embalmer No. 3179

..... P. O. Address Monett 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.**