

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

**42910**  
 Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell 2 Registration District No. 98  
 (b) Township Kingston 1 Primary Registration District No. 4060 Registered No. 14  
 (c) City Kingston (d) Street No. \_\_\_\_\_ St.  
 (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.  
 156 Noah Spinkhouse

2. PRINT FULL NAME \_\_\_\_\_ St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Eva Spinkhouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 - 1880

7. AGE YEARS 59 MONTHS 6 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1934 to Oct 10, 1939  
 I last saw him alive on Oct 8, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial nephritis with Edema Date of onset 1935  
Generalized arteriosclerosis years ago  
Chronic Myocarditis (arteriosclerotic) years ago

Other contributory causes of importance: 131  
Chronic Arteriosclerosis of Descending Colon 10 years ago

12. BIRTHPLACE (CITY OR TOWN) Lancaster (STATE OR COUNTRY) Pa.

FATHER

13. NAME Peter Spinkhouse  
 14. BIRTHPLACE (CITY OR TOWN) St. Y. (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Elzina Nyatt  
 16. BIRTHPLACE (CITY OR TOWN) St. Y. (STATE OR COUNTRY) Pa.

17. INFORMANT Walter Spinkhouse (ADDRESS) Kingston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE 10-13-1939

19. FUNERAL DIRECTOR (NAME) Alspaugh & Crowley (ADDRESS) P. O. Box No. \_\_\_\_\_

20. FILED 10/13/39 1939 Mrs Ruth Hill Local Registrar.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J. E. Goldberg, M. D.  
 (Address) 115 \_\_\_\_\_ P. O. Box, Mo.

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.

REDEEMED

District Court Clerk: No. 111

District File Number 140-1816

Date Filed JAN 5 1940

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**