

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. 219

Primary Registration District No. 5301

1. PLACE OF DEATH:

(a) County COOPER
 (b) City or town PALESTINE (RURAL)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 75 years
 years, months or days)

3. (a) PRINT FULL NAME JOHN SPANGLER 152

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LUCRETIA DALE SPANGLER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 11 1847
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>92</u>	<u>10</u>	<u>20</u>	_____ hr. _____ min.

9. Birthplace _____ GERMANY /
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARM

MOTHER FATHER { 12. Name GEORGE SPANGLER

18. Birthplace GERMANY /
 (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
 15. Birthplace _____ /
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address _____

17. (a) BURIAL (b) Date thereof APRIL 2-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PILOT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER * KOENIG
BOONVILLE MO.

(b) Address _____

19. (a) 4-1-40 (b) Ann Whitaker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER
 (c) City or town PALESTINE (RURAL)
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.F.D. BOONVILLE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? & 75 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
 year 1940 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-31
1940, to 3-31, 1940;

that I last saw him alive on 3-31, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon ?
 Duration _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. V. Baly (M. D. or other) 1

Address Pilot Grove Date signed 4-1-40

RECEIVED
District Health Officer No. 8
License File Number
Date Filed 4-9-40

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 James W. Steiner
Licensed Embalmer No. 3780
P. O. Address Boonville, 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.