

FILED MAY 17 1940

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

15124

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 401
(b) Township Jan Buren 0 Primary Registration District No. 5-536 Registered No.
(c) City (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) 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.

2. PRINT FULL NAME

Francis Lee Spainhour
(a) Residence, No. St. (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 Male 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 Nancy Ann Spainhour
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17, 1876
7. AGE YEARS 76 MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.
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. farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
13. NAME Newton Spainhour 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0
15. MAIDEN NAME Matilda Stone 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
17. INFORMANT Nancy Ann Spainhour (ADDRESS) Stone Jack Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hollins DATE 3/27 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Zoubeck
Oak Grove Mo.
20. FILED April 10, 1940 Vernie E. Yankee Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/26, 1940
22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1940 to 3-26, 1940
I last saw him alive on 3-25, 1940 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Arteriosclerosis
Other contributory causes of importance: 40
Name of operation Date of
What test confirmed diagnosis? Autopsy 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) [Signature] M. D.
363 (Address) [Address]

*W. Knight
L. J.*

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,

Zoweb

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Zoweb

Licensed Embalmer No. *2352*

P. O. Address..... *Oak Grove Ma*

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.

No. 2B
21-40
722699

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15-124

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 401

Primary Registration District No. 53-56

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town San Juan
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Francis Lee Spainhour

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race al 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Apr 17 (Month) 1896 (Day) 18 (Year)

Immediate cause of death _____

8. AGE: Years 76 Months 11 Days 9 If less than one day _____ hr _____ min.

Duration _____

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

10. Usual occupation _____

Due to _____

11. Industry or business _____

Due to _____

12. Name _____

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

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings: _____

14. Maiden name _____ (State or foreign country)

Of operations _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Of autopsy _____

16. (a) Informant _____

Underline the cause to which death should be charged statistically.

(b) Address _____

PHYSICIAN _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation _____

(a) Accident, suicide, or homicide (specify) _____

18. (a) Signature of funeral director _____

(b) Date of occurrence _____

(b) Address _____

(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) _____ (e) Means of injury _____

23. Signature L. P. Knight (M. D. or other) _____
Address San Juan, Mo. _____

SUPPLEMENTARY

