. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15552

State File No.

FILED MAY 13 1940

Registration District No. 541

Primary Registration District No. 5789

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Montgomery Prairie Tw

(b) City or town Bellflower R F D #1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Praire Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery

(c) City or town Bellflower (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D #2
(If rural, give location)

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

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3. (a) PRINT FULL NAME Marthy Katherine Spires

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walter Spires 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased dec (Month) 9 (Day) 1867 (Year)

8. AGE: Years 72 Months 4 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Montgomery Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Ret Housewife

11. Industry or business General Duties

FATHER
12. Name James W Brown.
13. Birthplace North Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucinda Dull.
15. Birthplace Lincoln Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cleo Moser
(b) Address Bellflower Mo R F D #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 10 (Day) 1940 (Year)
(c) Place: burial or cremation Brush Creek

18. (a) Signature of funeral director Oland A Jones
(b) Address Bellflower Mo.

19. (a) 4/12 (Date received local registrar) (b) Leah Rig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1940 hour 9.00 minute A M.

21. I hereby certify that I attended the deceased from April 4, 1940, to April 9, 1940
that I last saw h 3.00 alive on April 9 AM, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Senility, arteriosclerosis.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
52 (Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Walls (M.D. or other) DO
Address Bellflower Mo. Date signed Ap. 9, 1940

(Licensed Embalmer's Statement on Reverse Side)

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

Cedric K Jones, Registered Apprentice No. 246

working under my personal supervision.

Signed Oland A. Jones

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.