

No. 2  
-11-10-39  
5-17-39  
PI X21622

FILED JUN 2 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

19060

State File No. \_\_\_\_\_

Registration District No. 589

Primary Registration District No. 5787a

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town Bellflower Mo. R.F.D. #1  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery  
(c) City or town Bellflower Mo. R.F.D. #1  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Mary Francis Spires 162

8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. ##

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

6. (b) Name of husband or wife # 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 11 1929  
(Month) (Day) (Year)

8. AGE:		If less than one day	
Years	Months	Days	hr. min.
<u>10</u>	<u>6</u>	<u>29</u>	

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

10. Usual occupation Student

11. Industry or business School

12. Name Kay Spires

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

14. Maiden name Parthena Smith

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

16. (a) Informant Kay Spires

(b) Address Bellflower Mo.

17. (a) Burial (b) Date thereof 5-31-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek

18. (a) Signature of funeral director Blair A. Jones

(b) Address Bellflower Mo.

19. (a) June 1, 1940 (b) Mary Lou Plumer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30  
year 1940 hour 1:00 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 20  
1940 to May 20 1940  
that I last saw her alive on May 26 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bright disease  
or nephritis Duration 4 months

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
\_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. J. Walls (M. D. or other) 3 Do  
Address Bellflower Date signed June 1

---

---

**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.**