

Registration District No. 744

Primary Registration District No. 5976B

Registrar's No. 81

1. PLACE OF DEATH:

(a) County: Ray
(b) City or town: Rayville
(c) Name of hospital or institution: Rayville mo
(d) Length of stay: 5 yrs
In this community: 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: Ray
(c) City or town: Rayville mo
(d) Street No.: _____
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Wight, D. Spelt

(b) If veteran, name war: no

(c) Social Security No.: no

4. Sex: Female

5. Color of hair: White

6. (a) Single, widowed, married, divorced: Married

7. Name of husband or wife: John H. Spelt

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: Feb. 17 1873

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>23</u>	hr. _____ min.

9. Birthplace: Richmond mo

10. Usual occupation: Housewife

11. Industry or business: Housewife

12. Name: John A. Spelt

13. Birthplace: Denham, Louisiana

14. Maiden name: Margaret Elliott

15. Birthplace: De Cal, Camb. mo

16. (a) Informant: J. A. Spelt

(b) Address: Rayville mo

17. (a) Date of death: Aug 11 1940

(b) Place: burial or cremation: Crowley, Rayville mo

18. (a) Signature of funeral director: Hardin mo

(b) Address: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
year 1940 hour 11 minute 24 a. m.

21. I hereby certify that I attended the deceased from May 1938 to Aug 10 1940
that I last saw her alive on Aug 9 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes

Due to: _____
Due to: 54
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? _____
(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: J. D. Green (M. D. or other)
Address: Richmond mo Date signed: 8-12-40

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

RECEIVED
Medical Health Officer No. 8
Date Filed 07-11-8
File Number

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

RR Boggs

Registered Apprentice No.

working under my personal supervision.

Signed

RR Boggs

Licensed Embalmer No.

35-76

P. O. Address

Hardin 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.