DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29511

Registration District No. 261 Primary Registration District No. 4456 Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County: St. Clair

(b) City or town: Appleton City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West 4th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Hours (Specify whether years, months or days)

In this community: 30 yrs 1.62

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: ST. CLAIR

(c) City or town: APPLETON CITY, MO (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: SAMUEL STEPHEN SPEARS

3. (b) If veteran, name war: NONE 3. (c) Social Security No.: NONE

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

6. (b) Name of husband or wife: Estella Brews 6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: FEB (Month) 16 (Day) 1867 (Year)

8. AGE: Years 73 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation: Farming

11. Industry or business:

FATHER 12. Name: James W. Spears

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

MOTHER 14. Maiden name: Mary M. Hurst

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

16. (a) Informant: Charley Clark

(b) Address: appleton city mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 1-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: APPLETON CITY CEM 036

18. (a) Signature of funeral director: FRANK LEE

(b) Address: APPLETON CITY MO

19. (a) Aug. 31, 1940 (Date received by local registrar) Oles Abney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 30 year: 1940 hour: 9 minute: 50 P.M.

21. I hereby certify that I attended the deceased from August 30, 1940 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Possibly due to Cardiac neurisis — Duration: about 10 min or less

Due to: Do not know — patient was dead when I arrived

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: Edith Johnson ~~M.D.~~ D.O.

Address: Appleton City, Mo. Date signed: 8/30/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 8-40-1273
Date Filed 8-5-40

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 ..... Me on the 30th day of August 1940, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P.O. Address Appleton City 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.