

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38037

DEC 12 1940

Registration District No. 4

Primary Registration District No. 4550

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Wandalia
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (If rural, give location) _____
years, months or days 2

3. (a) PRINT FULL NAME IRA WAYNE SPIRES

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

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

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

7. Birth date of deceased Feb 12 1940
(Month) (Day) (Year)

| | | | | |
|---------|-------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | | <u>10</u> | <u>15</u> | hr. min. |

9. Birthplace Andrew County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Dr. K. Spires

13. Birthplace Osage County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Montgomery
(City, town, or county) (State or foreign country)

15. Birthplace _____

16. (a) Informant's own signature Dr. K. Spires

(b) Address Wandalia Missouri

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

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director W. S. ...

(b) Address Wandalia Mo

19. (a) Dec 1 1940 (b) R. Lee Alfred M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Wandalia 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1940 hour 1:30 minute 10 M.

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

Immediate cause of death _____
Asphyxiation

Due to Gasping body in truck
Due to _____

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) Accident

(b) Date of occurrence 11/30/40

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Y

While at work? _____ (Specify type of place)

(e) Means of injury fall

23. Signature Arthur Alfred (M. D. or other) _____
Address Wandalia Mo Date 12/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 12-40-2287

Date Filed DEC. 11 1940

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 Mr. B. Waters

Licensed Embalmer No. 3325

P. O. Address Vandalia 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.