

No. 2
13-40
17-39
X23152

JAN 13 10 47 208
Registration District No. **5288**

Primary Registration District No. **5288**

Registrar's No. **24**

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Jural Harding Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trimble
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Trimble 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 December day 10
year 1940 hour 2:00 minute P. M.
21. I hereby certify that I attended the deceased from Dec 7
_____, 1940, to Dec 10, 1940
that I last saw him alive on Dec 9, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to _____
Due to ICW

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Henry Lee Spann
3. (b) If veteran, name war ✓ 3. (c) Social Security No. 1

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Willie Spann 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 7, 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business James William Spann

12. Name _____

13. Birthplace South Carolina (City, town, or county) (State or foreign country)

14. Maiden name Hannah Woodward

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Miss Emilee Spann

(b) Address Trimble, Mo.

17. (a) Burial (b) Date thereof 12/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director H.A. Sullivan

(b) Address Lawrence, Mo.

19. (a) Dec 11-1940 (b) Wm. Lela Shackelford
(Date received local registrar) (Registrar's signature)

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? ICW
(Specify type of place) _____ (e) Means of injury _____
23. Signature J.F. Puse (M. D. or other) 1
Address Springville Mo. Date signed _____

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

MOTHER FATHER

Duration
of
stay
by
physician

R-2

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

H. A. Sullivan

Licensed Embalmer No.

1738

P. O. Address

Lower, 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, fact should be so stated above.