No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42462

FILED JAN 8 1941

Registration District No. 296 Primary Registration District No. 5413 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Franklin
(b) ~~City or town~~ Rural - Union Tw
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Washington R.F.D. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 78 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington, R.F.D. #2, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MARY GERTRUDE SPAUNHORST
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Spaunhorst
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased May (Month) 2 (Day) 1862 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	7	7	hr. min.

9. Birthplace Gildehaus (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Albert Mathias Hellmann
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Sophia Patke
15. Birthplace Gildehaus (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Henry Spaunhorst
(b) Address Washington, Mo. R.F.D. #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Clover Bottom, Missouri
18. (a) Signature of funeral director Nieburg & Vitt, Inc. S. H. Vitt
(b) Address Washington, Missouri
19. (a) 12-11-40 (Date received local registrar) (b) Louis F. Howe M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1940 hour 10 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec. 3, 1940
Dec 9, 1940 to , 19 ;
that I last saw her alive on 12/8/40, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchi Pneumonia	
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? 854 (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Washington Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Lester H. Vitt, Registered Apprentice No. ..... working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Missouri

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.