

No. 2
1-4-41
-17-38
X26390

MAY 5 1941

State File No. _____

Registration District No. 391

Primary Registration District No. 4230

Registrar's No. 39

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Theresa Mayberry

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex fem / 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased September 28 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Michael Spittsmiller
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Turnbull
15. Birthplace Pike Co./Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Tom Dennison

(b) Address Ironton Mo.

17. (a) burial (b) Date thereof April 27, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arcadia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Apr-28-41 (b) Julia A. Hinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 24 1941 to April 25 1941
that I last saw her alive on March 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration _____

Due to _____

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death)

hypertention

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? _____

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While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.
Address Ironton, Mo. Date signed 4-26-41

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

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.....

was not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.