

No. 2
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DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. 18293

Registration District No. 477

Primary Registration District No. 4289

Registrar's No. 47

1. PLACE OF DEATH:
(a) County Lewis
(b) City or town La Grange
(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 50 yrs/
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lewis 36
(c) City or town La Grange 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Mary Elizabeth Spaulding

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed?

6. (b) Name of husband or wife Marion Spaulding
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 4 10 hr. _____ min.

9. Birthplace Meyer / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired housewife

11. Industry or business _____

12. Name Theodore Welch

13. Birthplace UNKNOWN / Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Levisa Constable

15. Birthplace Shawnee Town / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roach Ferguson

(b) Address Canton, Mo.

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

(c) Place: burial or cremation Canton, Mo.

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 5/27/41 (b) G. W. Jennings, MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1941 hour 5 P.M. minute - M.

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

Immediate cause of death
Kusmae Poisoning 1 year

Due to Bronchopneumonia 10 years
Tuberculosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) 1318

Major findings:
Of operations _____
Of autopsy _____

Duration
1 year
10 years
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? _____

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

23. Signature W. B. Dodson (M. D. or other) _____
Address La Grange, Mo. Date signed 5/27/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-41-1053

Date Filed MAY 28 1941

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

Earl H. Buckley

Licensed Embalmer No. 2615

P. O. Address Canton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.