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JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19563-17206
State File No. 17206
Registrar's No. 508

Registration District No. **85** Primary Registration District No. **1001**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
619 E. Kansas Ave.
(d) Length of stay: In hospital or institution 45 years
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 608 E. Missouri Ave.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Maggie Jane Spring
(b) If veteran, name war - (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9 year 1941 hour 1 minute 30 p. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow
7. Birth date of deceased: Jan. 17, 1875

21. I hereby certify that I attended the deceased from April 6, 1941 to May 8, 1941
that I last saw her alive on May 8, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death terminal apoplexy Duration mo
Due to arteria sclerosis

8. AGE: Years 66 Months 3 Days 22 If less than one day hr. min.

Due to arteria sclerosis
Other conditions 11/2/41
(Include pregnancy within 3 months of death)

9. Birthplace Clay County Missouri

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER { 12. Name Jacob Neth
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Unknown

Major findings:
Of operations -
Of autopsy -
PHYSICIAN -
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. David Habluetzel
(b) Address 619 E. Kansas Ave.

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

17. (a) Burial (b) Date thereof May 12, 1941
(c) Place: burial or cremation Ashland Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

85 While at work? Dr. J. J. ... (Specify type of place) (d) Means of injury 17th St
23. Signature Dr. J. J. ... (M. D. or other) 5-10-41
Address Dr. J. J. ... Date signed 5-10-41

19. (a) May 14 1941 (b) H. J. Nestlebury
(Date received local registrar) (Registrar's signature)

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 5/9/41

....., Registered Apprentice No.
working under my personal supervision.

Signed

Earl A. Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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.