

FILED AUG 16 1941

Primary Registration District No. **3004**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Butler  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 313 N. Havana  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
in this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town Butler  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 N. Havana  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Andrew Gordon Deacon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased August 20 1863  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 26  
If less than one day hr. min.

9. Birthplace Fond Du Lac Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Hardware Dealer

11. Industry or business

12. Name Robert Richardson Spear

13. Birthplace Kington, Canada  
(City, town, or county) (State or foreign country)

14. Maiden name Barnett Cochran

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

16. (a) Informant R. R. Deacon  
(b) Address Butler, Mo.

17. (a) Burial (b) Date thereof July 17 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Culver  
(b) Address Butler, Missouri

19. (a) July 17 41 (b) Nina L. Culver  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1941 hour 3 minute 30 am.

21. I hereby certify that I attended the deceased from July 1940 to July 16 1941  
that I last saw him alive on July 10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Arteriosclerosis

Due to § 20

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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) Means of injury ✓  
23. Signature R. R. Deacon (M. D. or other) ✓  
Address Butler, Missouri Date signed 7/17/41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1350

Date Filed 8-14-41

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**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, by

....., Registered Apprentice No. ....

working under my personal supervision.

Signed P. Stanton Baker

Licensed Embalmer No. 4123

P. O. Address Butler, 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.**