

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

2
19
3159

Registration District No. **904**

Primary Registration District No. **6215**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **Rural Union**
(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 **Life**
years, months or days

3. (a) PRINT FULL NAME **FRANCIS MARION SPOONEMORE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Clara Spoonemore** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 9 1857**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **22** If less than one day
hr. _____ min. _____

9. Birthplace **Isadora Mo. O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry Spoonemore**
13. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Frankie Star**
15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest G. Huppert**
(b) Address **Ernest city, Mo.**
17. (a) **Rural** (b) Date thereof **8-3-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Isadora Cem.**

18. (a) Signature of funeral director **Arch C. Burpee**
(b) Address **Ernest city Mo.**
19. (a) **8-3-** (b) **Wm O. H. Bond**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **North**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Sherridan Mo. O**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **31**
year **1941** hour **7:00** minute **20 P. M.**

21. I hereby certify that I attended the deceased from **May 2-4**
1941, to **July 31** 1941;
that I last saw him alive on **July 3** 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to _____
Due to _____

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) (e) Means of injury _____
23. Signature **W. E. Gorton** (M. D. or other) **MD**
Address **Sherridan** Date signed **8-5-41**

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

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