

FILED NOV 14 1941

Registration District No. **328**

Primary Registration District No. **5459**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County: **GRUNDY**
 (b) City or town: **RURAL - TRENTON TWP**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **TRENTON ROUTE 2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **5 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joseph I. Spalding

3. (b) If veteran, name war _____

3. (c) Social Security No. **NONE**

4. Sex: **male**
 5. Color or race: **white**
 6. (a) Single, widowed, married, divorced: **Widowed**
 6. (b) Name of husband or wife: **SUSAN SPALDING**
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: **Oct 26, 1857**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **11** Days **15** If less than one day _____ hr. _____ min.

9. Birthplace: **Maria County Kentucky**
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Mechanic Helper**

11. Industry or business: **Railroad**

MOTHER FATHER { 12. Name: **JOHN A. SPALDING**
 13. Birthplace: **Maria County Kentucky**
 (City, town, or county) (State or foreign country)
 14. Maiden name: **Melvinne Sims**
 15. Birthplace: **Maria County Kentucky**
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. H. R. Majeur**
 (b) Address: **Trenton, Mo.**

17. (a) **Removal** (b) Date thereof: **Oct 12, 1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Poplar/Gum**

18. (a) Signature of funeral director: **Ronald W. Davis**
 (b) Address: **Trenton, Mo.**

19. (a) **10-12-41** (b) **Herbert J. Saw**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: _____ (b) County: **040**
 (c) City or town: _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **11** year **1941** hour **8:15** minute **P** M.

21. I hereby certify that I attended the deceased from **Oct 4**, 19**41**, to **Oct 11**, 19**41**, that I last saw him alive on **Oct 9**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage (apoplexy)**

Due to: **General Arteriosclerosis**

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: **ASA**
 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: **Dr. R. Brooks** (M. D. or other) _____
 Address: **Trenton Mo** Date signed: **10/14/41**

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

4000

20 21
22 23

STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

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.....
Myself
.....working under my personal supervision.

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

Signed.....

Raymond A Davis

.....Licensed Embalmer No.....

3424

.....P. O. Address.....

Stenton 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.

