

DEC 13 1941

State File No. \_\_\_\_\_

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 321

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether  
In this community 4 Weeks  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Dickison  
(c) City or town Spirit Lake  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Etta Jane Spahr

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 Married

6. (b) Name of husband or wife Rev. M. E. Spahr 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased December 16 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 17 hr. min.

9. Birthplace Indianapolis Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Theo Stout  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Walmsley  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant C. F. Quisenberry  
(b) Address 5049 Chyanhoffe

17. (a) Burial (b) Date thereof Dec. 4, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Correctionville, Iowa

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek, K. C. Mo.

19. (a) Dec. 8 41 (b) A. L. Cook M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd  
year 1941 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1941 to Dec 2, 1941  
that I last saw her alive on Dec 2, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes + arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 61

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) (c) Means of injury \_\_\_\_\_

23. Signature C. S. Hillner M.D. (M. D. or other) D

Address 10327 Independence Ave Date signed 12-3-41

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

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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, or by.....

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

Signed..... *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address..... *A. C. 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.**