

FILED FEB 16 1942
Registration District No. 461

Primary Registration District No. 3024

Registrar's No. 1

54
33
32
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Lexington, Mo.
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: city 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 50 yrs.
years, months or days

3. (a) PRINT FULL NAME Matthew Spruce

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex m. 5. Color or race white 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: June 8 1966
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Billville 1 2ll
(City, town, or county) (State or foreign country)

10. Usual occupation Lafayette

11. Industry or business _____

MOTHER FATHER { 12. Name Not Known

13. Birthplace " " 9
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray G. Miller

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 10-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director Winkler

(b) Address Lexington, Mo.

19. (a) 1-7-42 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Lexington 54
(If outside city or town limits, write "RURAL")

(d) Street No. Two front st. 3
(If rural, give location) 2

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1942 hour 7 minute A M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
Dead without medical attendant

that I last saw him _____ alive on _____, 19 _____, and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes probably cardiac asthma due to myocardial degeneration

Due to _____

Due to 938

Other conditions Senility & malnutrition
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy Not autopsy

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)

While at work _____ (e) Means of injury 3

23. Signature M. Martin (M.D. or other) _____

Address Odesse Mo Date signed 1-3-41

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-12-42

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

Garrist J. Trumpel

Licensed Embalmer No.

32735

P. O. Address

Lumington, 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.