S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6223

Registration District No. 125 | Primary Registration District No. 3009 | Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community: 4 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Cape Girardeau
(c) City or town: Cape Girardeau (If outside city or town limits, write "RURAL")
(d) Street No.: Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Richard O. Spalding
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nora Spalding
6. (c) Age of husband or wife if alive: 8 years
7. Birth date of deceased: Oct (Month) 8 (Day) 1857 (Year)

8. AGE: Years 84 | Months 3 | Days 5 | If less than one day: hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming
FATHER
12. Name: Edmond Spalding
13. Birthplace: Ky. (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Martha Walker
15. Birthplace: Ky. (City, town, or country) (State or foreign country)
16. (a) Informant: Mrs Inez Brown
(b) Address: Cape Girardeau
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 15 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: St Mary's Cem
18. (a) Signature of funeral director: Walther Und. Co
(b) Address: Cape Girardeau Mo
19. (a) 1-13-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 9-10-41, 19..., to 1-13, 1942, that I last saw him alive on 1-12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Nephritis
Due to: Hyp. Prostate
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 131 P
Of autopsy:

Duration

PHYSICIAN — 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:
23. Signature: [illegible] (M. D. or other)
Address: Cape Girardeau Mo Date signed 1/13/42

1014 (Licensed Embalmer's Statement on Reverse Side)

ISSUED
District Health Officer No. 4
District File Number 242-159
Date Filed 2-10-42

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 J. W. Pister

Licensed Embalmer No. 3980

P. O. Address Cape Girardeau, 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.