

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6495

State File No. _____

Registration District No. 263

Primary Registration District No. 5356-5316

Registrar's No. _____

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

1. PLACE OF DEATH: He Kalb
 (a) County _____
 (b) City or town Pattonsburg Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Dallis Turn 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 all life years, months or days

2. USUAL RESIDENCE OF DECEASED: ³²
 (a) State Mo (b) County He Kalb
 (c) City or town Pattonsburg Mo P.R.
 (If outside city or town limits, write "RURAL")
 (d) Street No. Dallis Turn 1 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Henry Richard Spaht
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 8
 year 1942 hour 11:30 minute 0 A. M.

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Cenise G. Spaht
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Aug 17 1879
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 12,
1942, to March 8 1942;
 that I last saw him alive on March 8 1942;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>21</u>	hr. min.

Immediate cause of death
Cardiac Failure Insufficiency
 Due to Essential Hypertension

9. Birthplace Richardson Co Nebr
 (City, town, or county) (State or foreign country)

Due to _____
 Other conditions (include pregnancy within 3 months of death)

10. Usual occupation _____
 11. Industry or business Farming
 12. Name Charles Spaht
 13. Birthplace Mo (City, town, or county) (State or foreign country)
 14. Maiden name Catherine King
 15. Birthplace Ind (City, town, or county) (State or foreign country)

Major findings: Of operations 131a
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Cenise Spaht
 (b) Address Pattonsburg Mo P.R.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10-1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Fairport

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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) _____ (Specify means of injury)

18. (a) Signature of funeral director H.S. Gromer
 (b) Address Pattonsburg Mo
 19. (a) 3-10-42 (Date received local registrar) (b) [Signature] (Registrar's signature)

23. Signature [Signature] (M. D. or other)
 Address [Address] Date signed _____

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. 2857

P. O. Address Pattersonburg 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.