

FILED AUG 13 1942  
Registration District No. 183

Primary Registration District No. 5254

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Route # 1 Nixa, Mo.  
(c) Name of hospital or institution: Route # 1 Nixa, Mo.  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
(c) City or town Rural Porter Township  
(d) Street No. Route # 1: Nixa, Mo.  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3. (a) PRINT FULL NAME Sarah Anna McSpadden

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Albert McSpadden 6. (c) Age of husband or wife if alive years 11 1865  
7. Birth date of deceased June 11 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Louisville (Kentucky)  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name James H. Ambrose  
13. Birthplace Kentucky  
14. Maiden name Mary Dewley  
15. Birthplace Kentucky

16. (a) Informant Harvey E. McSpadden  
(b) Address Route # 8 Springfield, Mo.  
17. (a) Burial Removal (b) Date thereof Aug. 7, 1942  
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director H. H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) Aug. 10 1942 (b) Mary J. Spear  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1942 hour 10 minute 50 a.

21. I hereby certify that I attended the deceased from July 1, 1942 to Aug 5, 1942 that I last saw her alive on Aug 5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright Disease of Kidneys  
Due to

Due to  
Other conditions (include pregnancy within 3 months of death) 131 lb

Major findings: Of operations  
Of autopsy no  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence  
(c) Where did injury occur? none  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury

23. Signature W. F. Kern (M. D. or other) Address Springfield Date signed Aug 6 1942

RECEIVED

District Health Officer No. 6,

District File Number 842-1221

Date Filed AUG 12 1942

**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.....

*Walter E. Hamilton*

Licensed Embalmer No.

*3808*

P. O. Address.....

*Springfield, 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.**