S. No. 2
M—9-4-41
v. 5-17-39
I X29484

38
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0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1942

Registration District No. 120

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4199

State File No. 33695

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Gentry

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

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

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

2. USUAL RESIDENCE OF DECEASED: 38

(a) State Mo (b) County Gentry 0

(c) City or town McFall, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Thomas Spillman

3. (b) If veteran, name war No

3. (c) Social Security No. X

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lula Ethil Spillman

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec (Month) I2 (Day) I880 (Year)

8. AGE: Years 6I Months I0 Days I6 If less than one day ..... hr. ..... min.

9. Birthplace Gentry Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business .....

FATHER
12. Name Casper W. Spillman
13. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Anna Browning
15. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Lula Ethil Spillman
(b) Address McFall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 30 (Day) 42 (Year)
(c) Place: burial or cremation McFall, Mo.

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg, Mo.

19. (a) Nov. 3-1942 (Date received local registrar) (b) Homer M. Webster (Registrar's signature) By Louise M. Webster

1108

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year I942 hour 4 minute 50A. M.

21. I hereby certify that I attended the deceased from March, 1942, to Oct 28, 1942
that I last saw him alive on Oct. 28, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	5 days
Due to Chronic Bronchitis	4 yrs
~~Due to~~ asthma	4 yrs
Other conditions (Include pregnancy within 3 months of death)	

107

Major findings:
Of operations .....
Of autopsy .....

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 John S. Haydock (M. D. or other) D.O.
Address Box 141 McFall Mo Date signed 10/29/42

JAN 7 - 1943

NOV 20 1943

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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Petersburg

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.