

FILED DEC 11 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 4395

State File No. \_\_\_\_\_

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Gainesville  
(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 1 year (Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

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

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

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isabella McSpadden

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife Tom M. McSpadden

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: November 13 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months \_\_\_\_\_ Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Keysville Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife in own home

11. Industry or business \_\_\_\_\_

12. Name William Key

13. Birthplace Keysville Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Cole

15. Birthplace Washington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. J. Spadden

(b) Address Charlotte, N.C.

17. (a) Burial (b) Date thereof 11-29-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of general director Clinkingbeard Jr.

(b) Address Gainesville, Mo.

19. (a) 11-28-42 (b) Margaret Hutchison  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26  
year 1942 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from Oct 7 1942 to Nov 26 1942  
that I last saw h e alive on Nov 26 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage

Due to Pulmonary Tuberculosis (Discovered Dec 28, 1941)

Due to probably 10 or more years.

Other conditions Myocardial Weakness  
(Include pregnancy within 3 months of death)

Major findings: 13 f

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature M. J. Hoerman (M.D. or other) DD

Address Gainesville, Mo Date signed 11-27-42

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

77  
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RECEIVED

District Health Officer No. 6,

District File Number 1242-1729

Date Filed DEC 10 1942

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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 N.B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Guinesville W

**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.**