

FILED DEC 30 1942

Primary Registration District No. 1000

Registrar's No. 1186

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
806 South 11th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community..... life 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 806 South 11th  
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH SPALSBURY

3. (b) If veteran, name war..... none

3. (c) Social Security No. none

4. Sex female/ 5. Color or race white

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

6. (b) Name of husband or wife Oscar Spalsbury

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

7. Birth date of deceased Aug. 24 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

86 3 12 hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name George Wackerlin

13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Unknown

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. D. Spalsbury

(b) Address 806 S. 11th St. Joseph

17. (a) burial (b) Date thereof 12/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Beale & Bowman

(b) Address St. Joseph, Mo.

19. (a) 12-8-42 (b) [Signature] [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6  
year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 7:30 to Dec 4 1942  
that I last saw him alive on Dec 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Insuff.

Due to.....

Due to.....

Other conditions: Dil. of heart  
(Include pregnancy within 3 months of death)

Major findings: Sclerosis  
Of operations: 928

Of autopsy.....

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) Means of injury.....

23. Signature [Signature] (M. D. or other)  
Address 620 Francis Date signed 12/17/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

11-17

1233

2-335-5

**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 12/6/42, Registered Apprentice No. ✓ working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.**