

FILED APR 14 1943 42

Registration District No. **4235**

Primary Registration District No. **1001/000**

Registrar's No. **388**

1. PLACE OF DEATH:

BUCHANAN

(a) County.....
(b) City or town..... **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hospital #2. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital~~ institution **since 3/11/1942**
(Specify whether
In this community **Same**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Carroll**
(c) City or town **Carrollton Mo**
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **31**
year **1943** hour **7** minute **10 P** M.
21. I hereby certify that I attended the deceased from **3/11/43**
19 to **3/31/43** 19
that I last saw him alive on **3/31/43** 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Malnutrition
dehydration
Due to **Carbuncle of stomach**
H-6
Other conditions **Paranoid Schizophrenia**
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations **None**
Of autopsy.....
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) **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)
While at work..... (e) Means of injury **0**
23. Signature **J. DeWitt** (M. D. or other)
Address **State Hospital #2** Date signed **3/31/43**

3. (a) PRINT FULL NAME **Repps - Spotts**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **unknown**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 2 1885**
(Month) (Day) (Year)

8. AGE: Years **58** Months **0** Days **29** If less than one day hr. min.

9. Birthplace **Carrollton Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Tanner**

11. Industry or business.....

MOTHER FATHER { 12. Name **Wenhos Spotts**

13. Birthplace **Denny, Va**
(City, town, or county) (State or foreign country)

14. Maiden name **Milly Haines**

15. Birthplace **Carrollton Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Revere State Hospital**
(b) Address **St. Joseph Mo.**

17. (a) **Removal** (b) Date thereof **April 1, 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Missouri**

18. (a) Signature of funeral director **Herman W. Eidenfaden**

(b) Address **1807 Union St. St. Joseph Mo.**

19. (a) **4-1-43** (b) **W. H. Gentry**
(Date received local registrar) (Registrar's signature)

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

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.....

John E. Hurley

Licensed Embalmer No. *4050*

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.