

FILED APR 8 1943

Registration District No. **277**

Primary Registration District No. **4411**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Pike**
(b) City or town **Bowling Green**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pike**
(c) City or town **Bowling Green**
(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 **Martin Luther Spaulding**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **married**

(b) Name of husband or wife **Eula Velour Spaulding** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **JAN 26 1869**
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **MO O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Edward S. Spaulding**

13. Birthplace **Dont know**
(City, town, or county) (State or foreign country)

14. Maiden name **Haney Shultz**

15. Birthplace **Dont know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. M. E. Spaulding**

(b) Address **Bowling Green Mo**

17. (a) **Burial** (b) Date thereof **Mar 14 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bowling Green Mo**

18. (a) Signature of funeral director **Grace J. ...**

(b) Address **Bowling Green Mo**

19. (a) **3/24/43** (b) **Mrs Frank Gordon**
(Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **11** year **1943** hour **1** minute **P** M.

21. I hereby certify that I attended the deceased from **3/10/43** to **3/11/43** that I last saw him alive on **3/10/43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency**
Influenza
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **g3e**
Major findings: Of operations _____
Of autopsy _____

Duration

2 days

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? _____

23. Signature **J. M. ...** (M. D. or other) **no**
Address **Bowling Green Mo** Date signed **3/13/43**

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

82
0

FD

1148

RECEIVED

District Health Officer No. 10

District File Number 4-43655

Date Filed APR 7 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

Charles A. Roof

Licensed Embalmer No.

3044

P. O. Address

Barclay Green M

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.