

FILED

APR 30 1943

Registration District No. 11

Primary Registration District No. 5044

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

1. PLACE OF DEATH:

(a) County Barry  
 (b) City or town Washburn, Washburn, Miss  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none (Specify whether years, months or days) About two years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
 (c) City or town Washburn  
 (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 \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Susan Spain

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

4. Sex female Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Spain 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 24 1869  
 (Month) (Day) (Year)

8. AGE: Years 74. Months 0 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name James Hooper

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

14. Maiden name Garner

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

16. (a) Informant John Spain

(b) Address Washburn, Missouri

17. (a) Burial (b) Date thereof Feb. 24 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville, Missouri

19. (a) Mar 8-1943 (b) Grace Williams  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd  
 year 1943 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 2 1943 to Feb. 2 1943  
 that I last saw her alive on Feb. 2 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) H & B

Major findings:

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) Means of injury \_\_\_\_\_

23. Signature Glenn H. Salyer (M. D. or other) \_\_\_\_\_  
 Address Cassville, Mo Date signed Feb 24 1943

10701

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed APR 29 1949

443-513

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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.....

*St. Gordon Bennett*

Licensed Embalmer No.....

4213

P. O. Address.....

Cassville, Missouri

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.