

FILED MAY 12 1948

Registration District No. 43

Primary Registration District No. 5142

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

1. PLACE OF DEATH:  
(a) County Butler  
(b) City or town Rural  
(c) Name of hospital or institution:  
2 mi S.W. of Neelyville  
(d) Length of stay: In hospital or institution 25 yrs  
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Butler  
(c) City or town Rural  
(d) Street No. 2 mi S.W. of Neelyville  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Martha E. Spitzig  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. JK

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr day 22  
year 1943 hour 6 minute 38 AM  
21. I hereby certify that I attended the deceased from April 10 1943 to April 22 1943  
that I last saw her alive on April 18 1943  
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife James F. Spitzig  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 30 1873

Immediate cause of death chronic nephritis  
myocardial degeneration  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions renal  
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 7 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ava Mo

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_  
12. Name R. C. Garrett  
13. Birthplace Washburn Tenn  
14. Maiden name Nancy Woods  
15. Birthplace Washburn La

16. (a) Informant Carl Spitzig  
(b) Address Neelyville  
17. (a) Burial (b) Date thereof Apr 23-43  
(c) Place: burial or cremation Roberts Cemetery  
18. (a) Signature of funeral director Missie Dick  
(b) Address Neelyville, Mo  
19. (a) 4-29-43 (b) Belle Kinnel

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy no

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature H. E. ... (M. D. or other) no  
Address Neelyville Mo Date signed 4/24/43

RECEIVED  
District Health Office No. 2,  
District File Number 543-661  
Date Filed 5-11-43

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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 Bryan McCord  
Licensed Embalmer No. 4079  
P. O. Address Taylor, 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.**