No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9, 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3328

Registration District No. 164 — Primary Registration District No. 3032 — Registrar's No. 6

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg,
(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 74 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg 3
(If outside city or town limits, write "RURAL")

(d) Street No. 202 E Gay
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emma Spiess

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race W /

6. (a) Single, widowed, married, divorced Single 0

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

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

7. Birth date of deceased July (Month) 18 (Day) 1860 (Year)

8. AGE: Years 83 | Months 5 | Days 24 | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Texas (State or foreign country) /

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Herman Spiess
13. Birthplace ..... (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Unknown
15. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

16. (a) Informant Robertine Harfield

(b) Address Knobnoster, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill Cemetery

18. (a) Signature of funeral director Sweeney- Phillips

(b) Address Warrensburg, Mo.

19. (a) Jan 13 1944 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 194 4
year 1944 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from Jan 11, 1944, to Jan 11, 1944, that I last saw her alive on Jan 11, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	15 min
Due to: Hypertensive cardio-vascular disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? .....
(Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature C. Johnson MD (M. D. or other)

Address Warrensburg, Mo Date signed 1/12/44

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(Licensed Embalmer's Statement on Reverse Side)

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 Carl Priest

Licensed Embalmer No. 3828

P. O. Address Wonensburg

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.