

FILED APR 13 1944

Registration District No. _____

Primary Registration District No. 3022

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Bethany

(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Harrison

(c) City or town Bethedale Mo. Rural
(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 Donald Dean Spaulding

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9
year 44 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-8
1944 to 3-9 1944

that I last saw him alive on 3-9 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: 11-30-1941
(Month) (Day) (Year)

Immediate cause of death: Pneumococci Meningitis 2 days

8. AGE: Years 2 Months 3 Days 9

If less than one day _____ hr. _____ min.

Due to Pneumococci pharyngitis

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

10. Usual occupation none

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Floyd Spaulding

13. Birthplace Ida Co. Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Agnes V. Bernick

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

Major findings: gla

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Floyd Spaulding

(b) Address Bethedale Mo

17. (a) Burial (b) Date thereof 3-11-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Earlsville Mo

18. (a) Signature of funeral director S. W. Adams

(b) Address Bethany Mo

19. (a) Mar 18-44 (b) Zola M. Burrows
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury ○

23. Signature D. R. Latta (M. D. or other)

Address Bethany, Mo Date signed 3-19-44

L. W. Adams

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.....

Licensed Embalmer No. *1078*

P. O. Address *Richmond, Mass*

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.