

FILED MAY 8 1944

Registration District No. 224

Primary Registration District No. 5800

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Rural Monroe Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Monroe City R. 2 /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days) 24 Years

3. (a) PRINT FULL NAME Francis Catherine Spalding

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Joseph Charles 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased September 25 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 20 .. hr. .. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Bernard Lechner
13. Birthplace Dark County Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Breig
15. Birthplace Dark County Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence C. Spalding
(b) Address Monroe City, Mo
17. (a) Burial (b) Date thereof 4/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Holy Rosary Cemetary

18. (a) Signature of funeral director Wilson S. Sons
(b) Address Monroe City, Mo
19. (a) Apr 16-44 (b) Chas Hedberg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Monroe City R.F.D. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1944 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from SEPT 22 1943 to APRIL 15 1944 that I last saw her alive on April 14 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 wk

Due to Hypertension & Arterio Sclerosis 5 yrs

Other conditions Toxic Goiter 5 yrs

Major findings: Of operations 3a! Of autopsy
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) (c) Means of injury
23. Signature John F. [unclear] (M. D. or [unclear])
Address Monroe City, Missouri Date signed 4/15/44

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

MOTHER FATHER

1126

RECEIVED

District Health Officer No. 10

District File Number 5-44-859

Date Filed MAY 5 1944

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 B. J. me

....., Registered Apprentice No.

working under my personal supervision.

Signed L. L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.