

FILED JUL 10 1944

Registration District No. **279**

Primary Registration District No. **5846**

Registrar's No.

1. PLACE OF DEATH **Nodaway**

(a) County **Burlington Jct. (Lincoln town)** State **Missouri**

(b) City or town **Burlington Jct. (Bural)**

(c) Name of hospital or institution **3 miles N.W.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 years** (Specify whether years, months or days)

In this community **40 years**

2. USUAL RESIDENCE OF DECEASED: **Nodaway 74**

(a) City or town **Burlington Jct. (Bural)**

(b) County **Nodaway**

(c) City or town **Burlington Jct. (Bural)**
(If outside city or town limits, write "RURAL")

(d) Street No. **3 miles N.W.**
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **Joseph Edgar Spangler**

3. (b) If veteran, name war **no**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7** year **1944** hour **3** minute **P.** M.

4. Sex **male** 5. Color of race **white**

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

6. (b) Name of husband or wife **Edia Spangler**

6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **December 29 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 4** 19**44** to **June 7** 19**44**

that I last saw him alive on **June 2** 19**44**

and that death occurred on the date and hour stated above.

8. AGE: Years **71** Months **5** Days **9** If less than one day hr. min.

Immediate cause of death **Myocarditis**
arterio sclerosis

9. Birthplace **Larst town Virginia**
(City, town or county) (State or foreign country)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9301

10. Usual occupation **farmer**

Major findings: Of operations

11. Industry or business **Harvey Spangler**

Of autopsy

12. Name **Unknown**

13. Birthplace **Betty Ann Reeding**

14. Maiden name **unknown**

15. Birthplace **Mrs. Edia Spangler**

16. (a) Informant **Burlington Jct. Mo.**

(b) Address **burial 6-10-44**

17. (a) (Burial, cremation, or removal) **Ohio cemetery**

(b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Funeral Home**

18. (a) Signature of funeral director **Marysville Mo**

(b) Address **June 10 1944**

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 **0**

23. Signature **Marysville** (M. D. certifier)

Address **Marysville** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1400

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: *W. L. Gee*

Licensed Embalmer No. *2539*

P. O. Address *Mayville 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.