

FILED AUG 9 1944

State File No.

Registration District No.

Primary Registration District No. 5116

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town RURAL - BOURBON
(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 ALL OF LIFE years, months or days

3. (a) PRINT FULL NAME

JOHN WILSON SPENE

3. (b) If veteran name war WORLD WAR I 3. (c) Social Security No. 717-16-3488

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. MARRIED
6. (b) Name of husband or wife MAYME SPENE 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 18 - 1892 (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Carl Spene
13. Birthplace Italy
14. Maiden name Doskie Brubaker
15. Birthplace Ky

16. (a) Informant Mayme Spene
(b) Address Sturgeon, Mo.

17. (a) BURIAL (b) Date thereof July 27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Barnes & Booth
(b) Address Sturgeon, Mo.

19. (a) July 27, 1944 (b) Mary Montgomery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town RURAL 0
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1944 hour 3 minute 30 AM

21. I hereby certify that I attended the deceased from May 10
1942 to July 26, 1944
that I last saw him alive on July 24
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulver pneumonia 2
st and left lungs
Due to Sarcoma 2 right
inguinal lymph glands

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 552
Of autopsy

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 2

23. Signature Dr. J. H. Tomei (M. D. or other) D.O.
Address Sturgeon, Mo. Date signed 24/44

1251

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..... *R. E. Booth*.....

Licensed Embalmer No. *4087*

P. O. Address..... *Sturgeon, 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.