V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24236

FILED JUL 20 1944

Registration District No. 42

Primary Registration District No. 3007

Registrar's No. 206

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

12
7
3

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Brandon Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 4 hours (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103

(c) City or town Puxico - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 2 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Henry Thomas Spangler

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 11

6. (b) Name of husband or wife Versie

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

7. Birth date of deceased November 10, 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	7	7	hr. min.

9. Birthplace Stoddard County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. T. Spangler
(b) Address Rt. 2, Puxico, Mo.

17. (a) Removal (b) Date thereof 6-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Puxico, Missouri

18. (a) Signature of funeral director Morgan Funeral Home
(b) Address Puxico, Mo.

19. (a) 6-20-44 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1944 hour 5:50 minute P.M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Suicide by poisoning - Paris Green

Due to Evident temporary mental derangement.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

163A

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence June 17, 1944

(c) Where did injury occur? Home in Stoddard Co., Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm Home
(Specify type of place)

While at work? Yes (e) Means of injury 3

23. Signature [signature] Deputy Coroner
Address Poplar Bluff, Mo. Date signed 6-17-44

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED—
District Health Office No. 2,
District File Number 44-926
Date Filed 7-5-44

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 Floyd S Morgan

Licensed Embalmer No. 3361

P. O. Address Adrian 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.