

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

500

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Rural - Kings Prairie Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) over seventy years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Kings Prairie Township  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country none

3. (a) PRINT FULL NAME Henry Elijah Spain

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8  
year 1944 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 11-1-44 to 10-8-44  
that I last saw him alive on 10-2-44  
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence Balmes Spain 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased January 16 1864  
(Month) (Day) (Year)

Immediate cause of death Chr. Myo Carditis  
Duration 1 yr

8. AGE: Years 80 Months 8 Days 22 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to 93d

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

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business none

12. Name Jesse Spain

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Florence Balmes Spain

(b) Address RFD 2, Monett Mo

17. (a) Burial (b) Date thereof 10-11-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Camp, Barry Co. Mo

18. (a) Signature of funeral director Callaway  
(b) Address Monett Missouri

19. (a) Oct 12 1944 (b) Audna Willoughby  
(Data received local Registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

23. Signature J. D. Baldwin (M. D. or other) \_\_\_\_\_  
Address Purdy Mo Date signed 10-12-44

RECEIVED  
District Health Officer No. 6,  
District File Number 1144-1253  
Date Filed NOV 24 1944

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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 J. D. Buchanan  
Licensed Embalmer No. 3179  
P. O. Address Monett 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.