

FILED DEC 13 1944

Registration District No. 42

Primary Registration District No. 1800

Registrar's No. 1217

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL") 7
(d) Street No. 623 1/2 So. 6th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE SPOONER

3. (b) If veteran, name war none
3. (c) Social Security No. 491-24-5213

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 3 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>4</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation painter

11. Industry or business house,

MOTHER FATHER {
12. Name George Spooner
13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Roach
15. Birthplace Frankfort Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Spooner
(b) Address 642 So. 6th

17. (a) burial (b) Date thereof 11/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet
18. (a) Signature of funeral director Walter Biddle & Bowman
(b) Address 319 So. 10th

19. (a) 11/29/44 (b) Thelma S. Biddle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27
year 1944 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from November 22, 1944 to November 27th, 1944, that I last saw him alive on November 27th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Chronic myocarditis

Due to _____

Due to 93d

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 _____

23. Signature W. S. ... M. D.
Social Welfare Board (M. D. or other)
Address _____ Date signed 11/29/44

Duration

1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Frank A. B...

Licensed Embalmer No. 1710

P. O. Address St. Joseph W...

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.