

FILED NOV 24 1944

Registration District No. 377

Primary Registration District No. 6261

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Webster WEST BENTON
(b) City or town "Rural" Rogersville, Mo. 114
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kelly-Farrel Funeral Home, Rogersville,
(If not in hospital or institution, write street number or location) Mo.
(d) Length of stay: In hospital or institution -- 3 (Specify whether
In this community -- 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 10
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 425 W. Hickory
(If rural, give location)
(e) Citizen of foreign country? -- NO (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1944 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from
5 September 19 44 to 5 September 19 44
that I last saw him alive on 5 September 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death:
Fractured Skull &
Internal injury
Due to Automobile accident.
Duration none

Due to 1700 8
22
Other conditions: --
(Include pregnancy within 3 months of death)

Major findings:
Of operations: --
Of autopsy: See reverse side
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) accident 112
(b) Date of occurrence Sept 5 1944
(c) Where did injury occur? Rogersville Webster Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway No. 60
(Specify type of place)
While at work? furlough (e) Means of injury collision
23. Signature Dr. E. G. Beer (M. D. or other) 114
Address Raymour mo 3 Date signed 5 Sept

3. (a) PRINT FULL NAME McSpadden, Lawrence Charles

3. (b) If veteran, name war World War II 3. (c) Social Security No. 494-17-7020

4. Sex 0 male race white 5. Color or race white 6. (a) Single, widowed, married, divorced, 0 single

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

7. Birth date of deceased Sept. 11 1922
(Month) (Day) (Year)

8. AGE: Years 23 Months 11 Days 24 If less than one day -- hr. -- min.

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name Leo Martin Mc Spadden

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

14. Maiden name Marguerite Bell Mc Spadden

15. Birthplace Wayne Neb.
(City, town, or county) (State or foreign country)

16. (a) Informant (Mother) Mrs. Marguerite B.

(b) Address 425 W. Hickory, Mc Spadden

17. (a) removal Nevada, Mo. (b) Date thereof 7 Sept. 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wayne, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) Oct. 17 - 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

002

RECEIVED

District Health Officer No. 6,

District File Number 1144-1201

Date Filed NOV. 20 1944
Medical Certification

Major Findings;

Of autopsy-- Traumatic Rupture of liver,
Intraperitoneal hemorrhage,
Fractured skull (frontal, sphenoid
and temporal, right).
Fracture, left femur,
Fracture, right fibula.

OCT 31 1952

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. H. Kelley

Licensed Embalmer No. 3234

P. O. Address Seymour, 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.

X