. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5475

FILED MAR 12 1945

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Audrain

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1114 N. Olive St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Ruben S. Spotswood

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife M. Pearl Spotswood

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased June 29, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	7	24	hr. min.

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

10. Usual occupation None

11. Industry or business

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

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

16. (a) Informant Mrs. Pearl Spotswood
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 45
(Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruitt
(b) Address Mexico, Mo.

19. (a) 2-23-45 (Date received local registrar) (b) Margaret H Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1945 hour 4 minute 20A. M.

21. I hereby certify that I attended the deceased from 2-12, 1945, to 2-22, 1945
that I last saw him alive on 2-21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to Fractured hip.

Due to

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 004

(b) Date of occurrence 2-12-45

(c) Where did injury occur? In yard at home.
(City or town) (County) (State)

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

While at work? No (e) Means of injury Slipped & fell.

23. Signature Frank Jolley (M. D. or other) MD

Address Mexico, Mo. Date signed 2/22/45

1094

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-45-481
Date Filed MAR 8 1945

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 Earl E. Precht, Registered Apprentice No. ____, working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.