S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41135

Registration District No. 115 Primary Registration District No. 5433 Registrar's No.

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town Villa-Ridge "Rural" Union Twnsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 60 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

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

(d) Street No. R. #1. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME John Spaunhorst, Sr.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of wife Elizabeth Spaunhorst

6. (c) Age of wife if alive deceased years

7. Birth date of deceased June (Month) 26th. (Day) 1860. (Year)

8. AGE: Years 85 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Farming.

11. Industry or business x

MOTHER FATHER

12. Name Gerhardt Spaunhorst.

13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country) 4

14. Maiden name Unknown.

15. Birthplace Unknown. (City, town, or county) Unknown. (State or foreign country) 4

16. (a) Informant John M. Spaunhorst

(b) Address Villa Ridge, Mo. R. #1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1945. (Month) (Day) (Year)

(c) Place: burial or cremation Villa Ridge, Mo. R.F.D.

18. (a) Signature of funeral director Nilburg & Vitt, Inc (Gildehaus)

(b) Address Washington, Mo.

19. (a) Dec. 6 1945 (Date received local registrar) (b) J.T. Cooper - E.F.C. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17th. year 1945 hour 7:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 8, 1945, 19..., to Dec 15, 1945, 19..., that I last saw him alive on Dec 15, 1945, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic poisoning — Duration

Due to Prostatic obstruction

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2

Of autopsy 37

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. Zumwalt (M. D. or other) M.D.

Address Washington Mo. Date signed 12/18/45

1448 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-4-46

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 me, Registered Apprentice No. , working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2387

P. O. Address Washington, 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.