

FILED MAR 9 5 1946

Registration District No. 29

Primary Registration District No. 4446

1. PLACE OF DEATH:

(a) County Rail
(b) City or town Hardin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all her life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray
(c) City or town Hardin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1946 hour 10 minute 34 P. M.
21. I hereby certify that I attended the deceased from Feb 26
1946 to Feb 26 1946
that I last saw her alive on Feb 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Burns
Clothing got fire from
stove.
Due to Burns over body from
10000 up - 1st 2nd &
Due to blind degrees
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
1 day

Major findings: _____
Of operations: 181-1
Of autopsy: 19

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 89
(b) Date of occurrence 2/26/46 - about 10:30 am.
(c) Where did injury occur? Home
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? no (Specify type of place)
(e) Means of injury stove
23. Signature Marvin Grimes (M. D. or other)
Address Hardin Mo Date signed Feb 26-46

3. (a) PRINT FULL NAME Nora Maxine Spitzer
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased: January 30 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 26 hr. _____ min.

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

10. Usual occupation at home with mother

11. Industry or business _____

MOTHER FATHER
12. Name Jessie J. Spitzer
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maria Shenk
15. Birthplace Morton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora Spitzer
(b) Address Hardin Mo

17. (a) Burial (b) Date thereof Feb-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wakanda

18. (a) Signature of funeral director John W. Kumpchil
(b) Address Hardin Mo

19. (a) Feb-27-46 (b) Malvyn Jackson
(Date received local registrar) (Registrar's signature)

273

Feb 26-46

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

1946

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.....
was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *John W. Knipschild*.....
Licensed Embalmer No. *2789*.....
P. O. Address *Hasler, 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.