

S. No. 2
DM-2-43
v. 5-17-39
I X35827

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19989

FILED JUN 1 1946

Registration District No. 100

Primary Registration District No. 2000

Registrar's No. 527

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
1345 So. National
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 34

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

(d) Street No. 1345 So. National 6
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) ?
If yes, name country _____

3. (a) PRINT FULL NAME ALICE J. McSPADDEN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife J. F. McSpadden

6. (c) Age of husband or wife if alive Dec. 1892 years

7. Birth date of deceased UNK. (Month) UNK. (Day) 1892 (Year)

8. AGE: Years 74 Months UNK. Days UNK. If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

12. Name Perry Lowther

13. Birthplace UNK. (City, town, or county) UNK. G. (State or foreign country)

14. Maiden name UNK.

15. Birthplace UNK. (City, town, or county) UNK. G. (State or foreign country)

16. (a) Informant Mrs. Arnot Snider

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME

(b) Address 534 St. Louis St. Springfield, Mo.

19. (a) 6-18-46 (Date received local registrar) (b) B. W. Handy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 8 minute 40 PM

21. I hereby certify that I attended the deceased from Dec 1 1946 to June 17 1946; that I last saw her alive on June 17 and that death occurred on the day and hour stated above.

Immediate cause of death: Cerebral Hemorrhage
Atherosclerosis

Due to _____

Due to _____

Other conditions (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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature W. Deibel (M. D. or other) _____

Address Springfield Date signed 6/18/46

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

10000

ISSUED BY NMPA
1958

APR 4 194

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 Beale

Licensed Embalmer No. 4140

P. O. Address Springfield, 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