S. No. 2
1—8-43
5-17-39
1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22415

State File No.

FILED JUL 9 1946

Registration District No. 3073 Primary Registration District No. 3073 Registrar's No. 12

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Chaffee
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 118 Wright Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. 118 Wright Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME COLBY FLETCHER SPANN
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Lillian Spann
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March (Month) 25 (Day) 1860 (Year)

8. AGE: Years 86 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Bowlin Green Ky (City, town, or county) (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business
MOTHER FATHER
12. Name William Spann
13. Birthplace no record Ky (City, town, or county) (State or foreign country)
14. Maiden name RUTH WILLIAMS
15. Birthplace no record Ky (City, town, or county) (State or foreign country)
16. (a) Informant O. F. Spann
(b) Address Vanduber Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Marley Mo
18. (a) Signature of funeral director L. W. Stubbs
(b) Address Chaffee Mo
19. (a) 6/18/46 (Date received by local registrar) (b) G. B. MacCready (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1946 hour 11 minute 0 A.M.
21. I hereby certify that I attended the deceased from Oct 16 1940 to June 15 1946 that I last saw him alive on June 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemiplegia	5 hr
Cerebral Hemorrhage	
Due to	
Due to Arteriosclerosis	6 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 0
23. Signature G. A. Sample (M. D.)
Address Chaffee Mo Date signed 6-18-46

298 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2,
District File Number 746-775
Date Filed 7-3-46

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

Signed C. J. Loberg

Licensed Embalmer No. 3810

P. O. Address Cape Girardeau, 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.