

S. No. 2
1-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36501
Registrar's No. 253

Registration District No. 82

Primary Registration District No. 217

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(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 of life.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** 27
(c) City or town **Boonville** 1
(If outside city or town limits, write "RURAL")
(d) Street No. **930 Locust St.** 2
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----**

3. (a) PRINT FULL NAME **Miss Margaret Spieler.**

3. (b) If veteran, name war **---** 3. (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 **August 7th 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 1 34 hr. min.

9. Birthplace **California, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **At home.**

11. Industry or business **" "**

12. Name **Ernest Spieler**

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

14. Maiden name **Elizabeth Young**

15. Birthplace **Indiana** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ida Farris**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Oct. 3rd 1948**
(Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery**

18. (a) Signature of funeral director **Goodman & Ball**

(b) Address **Boonville, Mo.**

19. (a) **10-8-48** (Date received local registrar) (b) **Clay Morris** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **1**
year **1948** hour **4** minute **30 p.m.**

21. I hereby certify that I attended the deceased from **Sept 3**
19 **48** to **Sept 26** 19 **48**
that I last saw h. **or** alive on **Sept 26** 19 **48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage 1 year**

Due to **Hypertension**

Due to **-----**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None** (b) Of autopsy **None**

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?

23. Signature **Clay Morris** (M. D. or other) Address **Boonville, Mo.** Date signed **9.5.48**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3532

DEC 20 1948

RECEIVED

District Health Officer No. 8,

District File Number

11-16-46

Date Filed

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

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address *Boonville, 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.