

No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **337772**

Registration District No. **217**

Primary Registration District No. **5787**

Registrar's No. **90**

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:
6 Miles No. of Charleston
(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

3. (a) PRINT FULL NAME David Spellings

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased December 25, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>10</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Tiptonville, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business Farming

MOTHER FATHER {

12. Name Cupid Spellings

13. Birthplace Tiptonville, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Boyd

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

16. (a) Informant John Chambers

(b) Address R#2, Charleston, Missouri.

17. (a) Burial (b) Date thereof 11-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Texas Bend Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Charleston, Missouri.

19. (a) 11-19-46 Mrs. John B. Bondurant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi **67**

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

(d) Street No. 6 miles no. of Charleston
(If rural, give location) **0**

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2nd
year 1946 hour 11:00 minute _____ AM.

21. I hereby certify that I attended the deceased from July 6, 1946 to Nov 2, 1946
that I last saw him alive on Oct 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of Prostate

Due to (Primary) **1946**

Due to 5/10

Other conditions metastasis
(Include pregnancy within 3 months of death)

Major findings: Ca. of Prostate

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? [Signature] Means of injury [Signature]

23. Signature [Signature] (M. D. or other) **0**

Address Charleston, Mo. Date signed 11/13/46

RECEIVED
District Health Office No. 2,
District File Number 1146-1369
Date Filed 11-26-46

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 John F. Munnelle Jr
Licensed Embalmer No. 3857
P. O. Address Charleston, 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.