

Registration District No. 150 Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town FRUITE TWP (Rural)
(c) Name of hospital or institution: Jackson Co. Emergency Hosp
(d) Length of stay: In hospital or institution 18 hrs
In this community 3 yrs

3. (a) PRINT FULL NAME Spain, Violet E.
(b) If veteran, name war - (c) Social Security No. -

4. Sex F m 5. Color or race W
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 Sept 27 - 1904
(Month) (Day) (Year)

8. AGE: Years 42 Months 3 Days 27
If less than one day hr. - min. -

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

10. Usual occupation none

11. Industry or business -
12. Name Therman Spain
13. Birthplace Monett Mo
14. Maiden name Hester Todd
15. Birthplace Judy Mo

16. (a) Informant Mrs Hester Sangley
(b) Address Blue Springs Mo

17. (a) Buried (b) Date thereof 1-26-47
(c) Place: burial or cremation Monett Mo

18. (a) Signature of funeral director W. G. Webb, Son
(b) Address Blue Springs Mo

19. (a) JAN. 25, 1947 (b) Donald C. Emschaw
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Blue Springs (Rural)
(d) Street No. 3 mi south west
(e) Citizen of foreign country? no (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 1947 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 12 Noon
Jan. 24 1947 to 11 P.M. Jan 24 1947
that I last saw her alive on Jan 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 48 hrs.
Due to volvulus of small bowel 48 hrs.

Other conditions Infantilism
(Include pregnancy within 3 months of death) 22 B

Major findings: Of operations -
Of autopsy Intestinal Obstruction due to volvulus of bowel
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? -

While at work? (Specify type of place) (Specify means of injury) -
23. Signature of physician Frank E. Deharue
Address Jackson Co. Hosp. Independence, Mo.
Date 26 Jan 47

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..... *R B Webb*

Licensed Embalmer No. 2353

P. O. Address Blue Springs, 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.