

Registration District No. 196

Primary Registration District No. 4308

1. PLACE OF DEATH:

(a) County Mo. Donald
(b) City or town Moel
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Moel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community None yrs. months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Donald
(c) City or town Moel
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID SPAW.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Agnie E. Spaw 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May 5 - 1882
(Month) (Day) (Year)

8. AGE: Years 65 Months 13 Days _____ If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Same

MOTHER FATHER
12. Name David Spaw
13. Birthplace Schuyler Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret DeRue
15. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Agnie E. Spaw

(b) Address Moel, Mo.

17. (a) Removal (b) Date thereof 5-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director W. M. Humphrey

(b) Address Princeton Mo

19. (a) 5-7-47 (b) Pearl R. Stuber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1947 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from around 1/2 hour
after death to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death was

Due to Proveny bedum
as far as I could observe
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94%

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?

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

23. Signature W. M. Humphrey (M. D. or other) _____
Address Moel, Mo Date signed 5/11/47

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

RECEIVED

District Health Officer No. 6;

District File Number 5474567

Date Filed MAY 22 1947

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 Mayme E. Humphreys
Licensed Embalmer No. 4262
P. O. Address Parisville, M.

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.