

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

FILED JUN 17 1947

Registration District No. 116

Primary Registration District No. 3939

Registrar's No. 67

1. PLACE OF DEATH:
 (a) County Franklin.
 (b) City or town Washington, "Rural" St. John's
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. #2.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None.
(Specify whether)
 In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin **36**
 (c) City or town Washington **0**
(If outside city or town limits, write "RURAL")
 (d) Street No. R. #2 **0**
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No) **0**
 If yes, name country —

3. (a) PRINT FULL NAME Henry Spaunhorst.
 3. (b) If veteran, name war I
 3. (c) Social Security No. I
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of ~~deceased~~ wife Mary G. Spaunhorst
 6. (c) Age of ~~husband~~ wife if alive deceased years
 7. Birth date of deceased March 23rd. 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 10th.
 year 1947 hour 4:00 minute 30 P. M.
 21. I hereby certify that I attended the deceased from March 24, 1946, to June 10, 1947.
 that I last saw him alive on June 10, 47, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>17</u>	hr. min.

Immediate cause of death Acute pulmonary decompenstion
 Due to Chr Myo Carditis

9. Birthplace Krakow, Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farming.
11. Industry or business I
MOTHER FATHER
 12. Name Gerhardt Spaunhorst,
 13. Birthplace Krakow, Missouri.
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Narup,
 15. Birthplace Gildehaus, Missouri.
(City, town, or county) (State or foreign country)

Major findings: —
 Of operations —
 Of autopsy —
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant George Spaunhorst
 (b) Address Washington Mo. R. #2.
 17. (a) Burial (b) Date thereof June 14, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

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? —

(c) Place: burial or cremation Washington, Mo. R. #2
(City, town, or county)
 18. (a) Signature of funeral director Richard V. Pitt, Inc.
 (b) Address Washington, Mo.
 19. (a) JUN 11 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? — (Specify type of place) (c) Means of injury —
 23. Signature [Signature] (M. D. or other) 0
 Address Washington Mo Date signed 6/11/47

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 16 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.....

Jerome G. Shookoda, Registered Apprentice No. *441*,
working under my personal supervision.

Signed *A. J. Nieberg*
Licensed Embalmer No. *2387*
P. O. Address *Washington D.C.*

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.