

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
411 North Mulberry St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")

(d) Street No. 411 North Mulberry 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ?
If yes, name country None

3. (a) PRINT FULL NAME STELLA IRENE SPAINHOWER

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 Married

6. (b) Name of husband or wife Elmer Spainhower 6. (c) Age of husband or wife if alive 67

7. Birth date of deceased January 23, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 4 25 — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name William Cox

13. Birthplace Platte County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McCord

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

16. (a) Informant Elmer Spainhower

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 6/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanberry, Mo.

18. (a) Signature of funeral director Pria Funeral Home

(b) Address 120 E. 1st, Maryville, Mo.

19. (a) 6/23/47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th
year 1947 hour 3 minute 55 P. M.

21. I hereby certify that I attended the deceased from Feb
1947 to June 3, 1947
that I last saw h. alive on June 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death acute coronary occlusion

Duration 15 Min

Due to _____

Due to _____

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

Major findings: _____

Of operations 94A

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 J. C. Pannum M. D. or other MD

Address 1310 Main, Maryville Date signed 6/20/47

DISTRICT HEALTH OFFICE
Camden, Mo.

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 Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville, 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.