S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1947

Registration District No. 276

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24843
State File No.

Primary Registration District No. 432

Registrar's No. 57

1. PLACE OF DEATH:
(a) County: Mercer
(b) City or town: Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Axtell Hosp
(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): 6 days in Hosp
In this community: 6 days in Hosp

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Grundy 40
(c) City or town: TRENTON
(If outside city or town limits, write "RURAL")
(d) Street No.: 1302 Yates St
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WALTER M. SPINNER
3. (b) If veteran, name war: —
3. (c) Social Security No. 495-01-5020
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: ANNA SPINNER
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: April (Month) 21 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	6	— hr. — min.

9. Birthplace: Eon Leavenworth (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Fireman
11. Industry or business: C R I & P R.R.
12. Name (Father): JOHN SPINNER
13. Birthplace (Father): Unknown (City, town, or county) Mo (State or foreign country)
14. Maiden name (Mother): ANNE Unknown
15. Birthplace (Mother): Unknown (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mary L. Spinner
(b) Address: Trenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MAPLE GROVE CEMETERY
18. (a) Signature of funeral director: Raymond Dawson
(b) Address: Trenton Mo
19. (a) 7-31-47 (Date received local registrar) (b) M. J. Beck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1947 hour 8 minute 40 P.M.
21. I hereby certify that I attended the deceased from July 21, 1947 to July 27, 1947 that I last saw him alive on July 27, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Peritonitis	4 days
Due to Major Fracture 7-21-47.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Appendectomy - acute with many adhesions 7-21-47
Of autopsy: None

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? (e) Means of injury:

23. Signature: Byron L. Axtell (M. D. or other) DO
Address: Princeton, Mo. Date signed 7-27-47

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1947

FEB 20 1948

AUG 4 1947

DISTRICT HEALTH OFFICE
Cameron, 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 Walter E Mayer, Registered Apprentice No. 458, working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton 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.