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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1947

Registration District No. 293

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6016

State File No. 42696

Registrar's No. 38

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Roanoke
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

(c) City or town: Roanoke
(If outside city or town limits, write "RURAL")

(d) Street No.: Silver Creek Township
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: John Louis Spotts

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Anna W. Spotts

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: June (Month) 11 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	5	23	hr. min.

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

10. Usual occupation: farming

11. Industry or business

FATHER
12. Name: Jacob Spotts
13. Birthplace: Don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Sue Fray
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Russell Spotts
(b) Address: Roanoke, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/7/1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Roanoke, Missouri

18. (a) Signature of funeral director: Tom B. Patton
(b) Address: Huntsville, Mo.

19. (a) 12/13/47 (Date received by local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1947 hour 6:55 P.M. minute M.

21. I hereby certify that I attended the deceased from June 1 1947 to Dec 4 1947 that I last saw him alive on Dec 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Arteriosclerosis

Due to:

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

Major findings:
Of operations: 3
Of autopsy: 0

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: 0

23. Signature: W. C. Alexander (M. D. or other)

Address: Clifton Hill Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 62-47-17
Date Filed DEC 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, 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.