

FILED MAR 24 1948
Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution Nevada City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs (Specify whether years, months or days)

In this community 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon 108

(c) City or town Bronaugh Mo - 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Quincy Leroy Spellman

3. (b) If veteran, no (c) Social Security No. no
name war

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Liza S. Spellman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 24, 1885
(Month) (Day) (Year)

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

62 - 7 19 hr. - min

9. Birthplace Keosauqua, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

12. Name Albert Spellman

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Esther Susan

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

16. (a) Informant Liza S. Spellman

(b) Address Bronaugh Mo

17. (a) Removal (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galina, Iowa

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

(b) Address Nevada Mo

19. (a) 3-17-48 (b) Walter H. Yancey
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 - day 14
year 48 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-14, 1948 to 3-14, 1948
that I last saw him alive on 3-14, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 14 da

Due to Hypertensive heart disease

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 935

Of autopsy

PHYSICIAN

Underline the cause of 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 W. L. Martin (M. D. or other) W.D.
Address Nevada Date signed 3-15-48

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

RECEIVED

District Health Officer No. 7,

District File Number 2-48-285

Date Filed 3-23-48

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.....

Paul Lehner

Licensed Embalmer No. 26576

P. O. Address. Peoria, 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.