

FILED JUL 14 1948

State File No. _____

Registration District No. 56

Primary Registration District No. 4080

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Norborne Mo. Egypt.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
West Second Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community Twenty Five Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll
(c) City or town Norborne.
(If outside city or town limits, write "RURAL")
(d) Street No. West Second Street.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Spitzer.

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda Ellen Spitzer.
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 18 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 19
If less than one day hr. min.

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

10. Usual occupation Farmer and Carpenter.

11. Industry or business _____

12. Name William Spitzer.

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

14. Maiden name Lydia Cavell

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

16. (a) Informant Mrs Sally J. Daniels

(b) Address Strasburg Mo.

17. (a) Burial (b) Date thereof 7/9/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cemetery.

18. (a) Signature of funeral director John S. Ditch
(b) Address Norborne, Missouri.

19. (a) July 8 - 1948 (b) Eileen Pennington
(Date received local census) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7- day 7
year 1948 hour 7 minute a. p.

21. I hereby certify that I attended the deceased from 7-7
1948 to 7-8-1948
that I last saw him alive on 7-8-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to _____

Due to _____

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

Major findings: Of operations §36

Of autopsy _____

Duration

1 Day

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 0

23. Signature B. C. Cole (M. D. or other) _____

Address Norborne Mo Date signed 7-8-48

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

7-13-48

AUG 2 1948

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 Me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John E. Deitch

Licensed Embalmer No. 3654

P. O. Address Marion 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.