

FILED JUL 6 1948

Registration District No. **279**

Primary Registration District No. **4576**

Registrar's No. **20**

1. PLACE OF DEATH:

(a) County **Worth**
 (b) City or town **Denver mo**
 (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 **none** (Specify whether
 In this community **25 yrs** years, months or days)

3. (a) PRINT FULL NAME **NOAH ROBERT SPILLMAN**

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

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Pearl Spillman**
 6. (c) Age of husband or wife if alive **69** years
 7. Birth date of deceased **Jan 11 1861**
 (Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **5** If less than one day hr. _____ min. _____

9. Birthplace **Worth Co mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Farmer**

12. Name **Charles W. Spillman**
 13. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Elsay Walker**
 15. Birthplace **Worth Co mo**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. N. A. Spillman**
 (b) Address **Denver mo**

17. (a) **Burial** (b) Date thereof **June 16 1948**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Roger Cemetery**

18. (a) Signature of funeral director **Sam Bior**

(b) Address **Denver mo**

19. (a) **June 13 48** (b) **Leta E. Dawson**
 Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Worth**
 (c) City or town **Denver mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**
 year **1948** hour **1** minute _____ A.M.

21. I hereby certify that I attended the deceased from **Jan 2 1948** to **June 15 48**
 that I last saw him alive on **June 15 48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
 Duration **3 Hrs.**

Due to **Hypertension**
old age **3 wks.**

Due to _____

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

Major findings: Of operations _____
 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) Means of injury _____

23. Signature **Charles W. Williamson** M.D. or other _____
 Address **Denver mo** Date signed **6-18-48**

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

2
43
39
57223

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.....
J. B. Brown

Licensed Embalmer No. 2547

P. O. Address. 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.