

FILED AUG. 13 1948

Registration District No. 27

Primary Registration District No. 5962

Registrar's No. 13

1. PLACE OF DEATH:

(a) County CHRISTIAN
(b) City or town KELTNER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community TWO YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

ACHAZA ELIZABETH SPRADLIN

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife B. A. SPRADLIN 6. (c) Age of husband or wife if alive DECEASED years
7. Birth date of deceased 8 27 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace FRANKLIN ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name EVAN SWAIN

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

14. Maiden name HARRIET J. HARRISON

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

16. (a) Informant HAROLD D. NEFF

(b) Address KELTNER, MO

17. (a) Removed (b) Date thereof 7-5-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of general director _____

(b) Address _____

19. (a) July 31-48 (b) Lillian Banting
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month July day 3 year 1948 hour _____ minute 25 AM/PM.

21. I hereby certify that I attended the deceased from Oct. 15 1947 to July 3rd 1948
and that death occurred on the date and hour stated above.
that I last saw her alive on 7-27-48

Immediate cause of death _____

Uremia Duration 10 days

Due to chronic nephritis Duration 15 yrs

Due to Chronic Myocarditis Duration 10 yrs

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

Major findings: Of operations _____

Of autopsy 1917

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 _____

23. Signature M. C. Denton (M. D. or other) _____

Address MO Date signed 7-3-48

RECEIVED
District Health Officer No. 6,
District File Number 848-897
Date Filed AUG 12 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed John Dean Harris
Licensed Embalmer No. 4390
P. O. Address Chadwick, 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.

Registration District No. 67

Primary Registration District No. 5262

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Keltner
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Home
(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) two years

3. (a) PRINT FULL NAME

Achaya E Spradlin

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

4. Sex F 5. Color of race w 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased: Aug 22
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____
 12. Name Ervin Swain
 13. Birthplace Ill
(City, town, or county) (State or foreign country)
 14. Maiden name Harrison
 15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Harold D Neff
 (b) Address Keltner Mo.
 17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____
 year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____;
 _____ to _____ 19____;
 that I last saw him _____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

Duration

Due to _____
 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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

COPY TO BE KEPT INK - MAKE A PERMANENT RECORD

SUPPLEMENTARY

5-22538