

No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26000
State File No. _____
Registrar's No. 683

FILED AUG 23 1948

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day + 5 hrs.
In this community about 10 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2211 South Hampton, City 6
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

(Rev.) Martin Vantburen Spain

3. (b) If veteran, name war No
3. (c) Social Security No. Not Known

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

6. (b) Name of husband or wife Martha A. 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 28 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 3 Days 18
If less than one day hr. _____ min. _____

9. Birthplace Fairgrove Greene Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Baptist Minister

11. Industry or business (Erbbs Fruit Company)

12. Name Not Known

13. Birthplace not known not known
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known USA
(City, town, or county) (State or foreign country)

16. (a) Informant Martha A. Spain

(b) Address 2211 South Hampton, City

17. (a) BURIAL (b) Date thereof 8/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Mo.

18. (a) Signature of funeral director H.H. LOHMEYER

(b) Address SPRINGFIELD MO

19. (a) 8-18-48 (b) W.E. Handley MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1948 hour No minute 35 P.M.
21. I hereby certify that I attended the deceased from July 10
1948 to Aug 16 1948
that I last saw him alive on Aug 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death General Carcinoma
Due to Primary growth
in rectum
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 46P
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) _____ (a) Means of injury 0
While at work _____
23. Signature W.E. Handley (M. D. or other) ✓
Address Springfield, Mo. Date signed 8/16/48

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

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

Walter E. Hamella

Licensed Embalmer No.

3208

P. O. Address

Springfield, 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.