S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27044

FILED AUG 1 7 1948

Registration District No. ____ Primary Registration District No. 3043 Registrar's No. 249

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Elizabeths Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days Hospt (Specify whether
In this community 8 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 224 East Cleveland 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Nellie Spalding
3. (b) If veteran, name war. None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 7
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 26 (Day) 1856 (Year)
8. AGE: 92 Years 92 Months 4 Days 13 If less than one day hr. min.
9. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Owen Bresenhen
13. Birthplace Ireland (City, town, or country) (State or foreign country) 4
14. Maiden name Louisa Spalding
15. Birthplace Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant John Spalding
(b) Address Monroe City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-48 (Month) (Day) (Year)
(c) Place: burial or cremation Brushcreek Ralls County
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Missouri
19. (a) 8-11-48 (Date received local registrar) (b) Wm E Mucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1948 hour 5 minute 40 P. M.
21. I hereby certify that I attended the deceased from August 1 28, 1948 to August 8, 1948 that I last saw h. alive on August 8 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hour
Due to: Chronic nephritis	
arteriosclerosis	
Due to: Coronary sclerosis	
Other conditions (Include pregnancy within 3 months of death): 1 1 1 1 1 1 1 1	

Major findings: Of operations: Fracture of intertrochanteric region of Right Hip
Of autopsy: None

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 August 1 - 1948
(c) Where did injury occur? Monroe City (City or town) Monroe (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury
23. Signature B. L. Murphy (M. D. or other) MD
Address Hannibal Date signed 8-11-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Charles V Greening Registered Apprentice No. 214 working under my personal supervision.

Signed Leslie R Nelson

Licensed Embalmer No. 3014

P. O. Address Maryville 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.