FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29179

Registration District No. 64 — Primary Registration District No. 5243 — Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town RURAL-Chariton (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 (Specify whether years, months or days) In this community 49 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Chariton
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 1 mile So Forest Green Mo. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE SPELLMAN
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JOHN SPELLMAN
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 31 (Day) 1873 (Year)

8. AGE: Years 75 Months 5 Days 20 If less than one day hr. min.

9. Birthplace MACON (City, town, or county) MO. D (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HER HOME
FATHER
12. Name HENRY MAGNUS
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Harold Easterhaus
(b) Address Forest Green Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery
18. (a) Signature of funeral director Audsley-Friemouth
(b) Address Glasgow Mo.
19. (a) 9/22/48 (Date received local registrar) (b) G W Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20 year 1948 hour 12:15 minute P. M.
21. I hereby certify that I attended the deceased from Sept 16, 1948, to Sept 20, 1948 that I last saw her alive on Aug 9/19, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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
(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 G W Hawkins (M. D. or other) M.D.
Address Salisbury Mo Date signed 9/22/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-13-48

OCT 14 1948

OCT 17 1949

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. Walker Audsley
Licensed Embalmer No. 3336
P. O. Address Glasgow 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.