S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33448

Registration District No. 178 Primary Registration District No. 4284 Registrar's No. 2

1. PLACE OF DEATH:
(a) County LEWIS
(b) City or town LABELLE (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (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 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LEWIS 56
(c) City or town LABELLE (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

3. (a) PRINT FULL NAME GEORGE B. Spidle
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUGUST 21, 1866 (Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 19 If less than one day hr. min.

9. Birthplace LEWIS COUNTY MO. (City, town, or county) (State or foreign country)
10. Usual occupation FARMER
11. Industry or business —
FATHER
12. Name FRANK SPIDLE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MOLLAN SPIDLE
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant Emma Monroe
(b) Address Labelle Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation BEERIDGE
18. (a) Signature of funeral director [illegible]
(b) Address [illegible]
19. (a) 10-14-48 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10 year 1948 hour 8 minute 9 M.
21. I hereby certify that I attended the deceased from October 10, 1948 to October 10, 1948 that I last saw him alive on a few weeks P.M. 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart failure	
Due to old age	
Due to arthritis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 59B	
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 J. L. Coates (M.D. or other) DO
Address La Belle Date signed 10-10-1948

(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 L. Arnold, Sr., Registered Apprentice No. 61, working under my personal supervision.

Signed J. W. Coder Jr.

Licensed Embalmer No. 4320

P. O. Address La Belle

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.