FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37586

FILED DEC 1 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 324

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours (Specify whether
In this community 31 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Springfork 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. Rural 0 (If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Anna
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Aug (Month) 3 (Day) 1874 (Year)

8. AGE: Years 74 Months 3 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) Kansas 1 (State or foreign country)
10. Usual occupation Farmer 1
11. Industry or business

FATHER
12. Name Unknown 1
13. Birthplace (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Eva 9
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Ronspiez
(b) Address Springfork R.F.D. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Bahner
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia Mo.
19. (a) 11-15-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13th year 1948 hour 4:55 minute A. M.
21. I hereby certify that I attended the deceased from November, 1947, to Nov 13, 1948 that I last saw him alive on 12 Nov, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma, Stomach

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 46 B
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 — 0

23. Signature P V Siegel M.D. (M. D. or other)
Address Smithton Mo. Date signed 13 Nov '48

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

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 11-30-48

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 K P McCrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.