

S. No. 2  
M-8-43  
5-17-39  
P-1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12775

State File No. ....

**FILED MAY 9 1945**

Registration District No. 22

Primary Registration District No. 5112

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Ballinger  
 (b) City or town Rural Larance Twp  
 (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)  
 In this community Lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ballinger  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Near Leopold  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY SPOOLER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 31 1867  
 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ballinger Co. Mo. 17  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Fisher 11

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant William Spooler  
 (b) Address Leopold, Mo.

17. (a) Burial (b) Date thereof Apr. 19, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Baker Funeral Home  
 (b) Address Butesville, Mo.  
 19. (a) April 18, 1945 (b) Mrs Geneva Graham  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
 year 1945 hour 11:00 minute 0 M.

21. I hereby certify that I attended the deceased from 3/2/44  
 \_\_\_\_\_, 19 \_\_\_\_\_ to 4/17/45, 19 \_\_\_\_\_;  
 that I last saw her alive on 4/17/45, 19 \_\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Decompensation

Due to Carcinoma of stomach

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations 466  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury 2

23. Signature John J. Myrold (M.D. or other)  
 Address Butesville, Mo Date signed 4/18/45

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 545-560

Date Filed 5-7-45

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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.**