

FILED NOV 13 1946

State File No. _____

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 346

1. PLACE OF DEATH:

(a) County, St. Francois

(b) City or town, Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
138 S.W. Main 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State, Missouri (b) County, St. Francois

(c) City or town, Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 138 S.W. Main
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE MONROE SPAIN

MEDICAL CERTIFICATION

3. (b) If veteran, ✓ name war _____

20. DATE OF DEATH: Month Oct. day 29th year 1946 hour 5 minute 45 P. M.

4. Sex M 5. Color or race White

21. I hereby certify that I attended the deceased from Sept. 30 1945, to Oct. 28 1946;

6. (b) Name of husband or wife Agnes Spain

that I last saw him/her alive on Oct. 28 1946; and that death occurred on the date and hour stated above.

7. Birth date of deceased: Feb. 4 1881
(Month) (Day) (Year)

Immediate cause of death: Melanosarcoma of right temple with multiple metastases.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

Due to _____ Duration 13 mos.

9. Birthplace Randolph Co. Illinois
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Car dispatcher

Other conditions: Diabetes mellitus Several years.
(Include pregnancy within 3 months of death)

11. Industry or business Mo. Ill. Rail. Road

Major findings: _____

12. Name James Brunson Spain

Of operations: _____

13. Birthplace Wilson Co. Tennessee
(City, town, or county) (State or foreign country)

Of autopsy: 53

14. Maiden name Lucinda Simpson

22. If death was due to external causes, fill in the following:

15. Birthplace Benton Co. Kentucky
(City, town, or county) (State or foreign country)

(a) Accident, suicide, or homicide (specify) _____

16. (a) Informant Mrs. Agnes Spain

(b) Date of occurrence _____

(b) Address 138 S.W. Main Bonne Terre Mo

(c) Where did injury occur? _____ (City or town) (County) (State)

17. (a) Burial (b) Date thereof Oct. 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____

(c) Place: burial or cremation St. Francois Memorial Park

While at work? _____ (Specify type of place) _____ (e) Means of injury 0

18. (a) Signature of funeral director Berham Ind. Co

23. Signature M. J. Haw, Jr. (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 10/31/46

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

14
2
1

2355

MOTHER FATHER

244

DIED

Health Officer No. 4

File Number 1146-2852

Date Filed 11-12-46

NOV 20 1946

NOV 26 1946

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 C. J. Claywell
Licensed Embalmer No. 3706
P. O. Address Bonne Terre 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.