

FILED APR 19 1943

Registration District No. 238

Primary Registration District No. 4355

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

1. PLACE OF DEATH:

(a) County NEW MADRID

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

(c) Name of hospital or institution: NO 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO (Specify whether years, months or days) about 15 years

In this community about 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Canalou  
(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 SARAH SPILTORFF

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1943 hour 10:00 minute P.M.

21. I hereby certify that I attended the deceased from ✓, 19... to ✓, 19...; that I last saw h... alive on ✓, 19... and that death occurred on the date and hour stated above.

4. Sex FEMME

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: 2 - 11 - 1862  
(Month) (Day) (Year)

Immediate cause of death: No Medical Attendant by all record death was due to old age

Due to ...

Due to ...

Other conditions (Include pregnancy within 3 months of death) 162 f

8. AGE: Years 81 Months 0 Days 24 If less than one day hr. min.

9. Birthplace White Co Ill  
(City, town, or county) (State or foreign country)

Major findings: Of operations. ...

Of autopsy. ...

PHYSICIAN: Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name UNK

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

14. Maiden name SARAH ROTH

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

16. (a) Informant SOCIAL SECURITY

(b) Address NEW MADRID

17. (a) Burial (b) Date thereof 3-6-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County

18. (a) Signature of funeral director County

(b) Address New Madrid Mo

19. (a) Mar. 8, 1943 (b) Alice Spittler  
(Date received local registrar) (Registrar's signature)

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 Leo Hilguth (M.D. or other) Deputy Coroner

Address New Madrid Mo Date signed 3/8-43

RECEIVED

District Health Office No. 2,

District File Number 443-536

Date Filed 4-15-42

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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 Not Embalmed.

Licensed Embalmer No.....

P. O. Address.....

**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.**