

REC'D FEB 28 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4161

Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 18
 (b) Township Morriss Primary Registration District No. 6139 Registered No. 1
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Jesse William Sponsler

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dressie Sponsler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
54 8 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Jan 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Louis Sponsler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Florence Carmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs Dressie Sponsler
 (ADDRESS) Mt. Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bado DATE Jan 4 1939

19. FUNERAL DIRECTOR (NAME) Gaylord V. Elliott
 (ADDRESS) Cabool Mo.

20. FILED Jan 6 1939 Pearl E. McCall
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1938 to Jan 3 1939

I last saw him alive on Jan 2 1939 Death is said

to have occurred on the date stated above, at 1:15 AM
 The principal cause of death and related causes of importance were as follows:

chronic nephritis

Date of onset

1937

Other contributory causes of importance: 121

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Jm Edens, M. D.

(Address) Cabool Mo

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.....

Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address.....

Carol M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.