N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

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

Do not use this space.

REC'D MAY 18 1939

File No. 14824

1. PLACE OF DEATH

County: Franklin — Registration District No. 296

Township: Union — Primary Registration District No. 4180

Registered No.

City: ..... (No. 165 ..... St. ..... Ward)

2. FULL NAME: A. B. Springer

(a) Residence, No. ..... St. ..... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

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: Theresa J. Spränger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 27, 1902

7. AGE — YEARS: 37 — MONTHS: 1 — DAYS: - — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood Worker

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

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn, Missouri

FATHER

13. NAME: Joseph Spränger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richfounden, Missouri

MOTHER

15. MAIDEN NAME: Margaret Thalken

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage City, Missouri

17. INFORMANT (ADDRESS): Mrs. Theresa J. Spränger

18. BURIAL, CREMATION, OR REMOVAL: St. George Church
PLACE: Linn, Missouri DATE: ..... 19..

19. UNDERTAKER (ADDRESS): Union Funeral Home (Wm. Horn) Union, Mo.

20. FILED: 4/28/ 1939 Lewis T. Hawes M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidentally struck by Rock Island Train #2641	
Fracture neck	

Other contributory causes of importance:

Name of operation: None — Date of:

What test confirmed diagnosis? Coroner — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury ....., 19.....

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

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

Manner of injury: Struck by Train

Nature of injury: Fracture Neck

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

If so, specify

(Signed) Phys. Shofner Coroner

(Address) Fieldwood Mo

207

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.

Signed Wm H Horn

Licensed Embalmer No. 3175

P.O. Address Union, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

14824
Do not use this space.

1. PLACE OF DEATH
(a) County: Franklin — Registration District No.: 296
(b) Township: Union — Primary Registration District No.: 4180 — Registered No.:
(c) City: — (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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: Anthony B Sprenger
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

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

7. AGE: Years 37 — Months 4 — Days — — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4 - 27 1939

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Date of onset

accidentally struck by Rock Island train #2641 fractured neck crossing R.R. track

Other contributory causes of importance:
in automobile at a public crossing.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Thos P. Shaffer Coro
(Address) Sullivan, Mo.

SUPPLEMENTARY