

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

42805
Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH'S HOSPITAL Registered No. 1283
 (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 162 INFANT SPURGEON
 (a) Residence, No. 822 MAIN 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or min.
0 0 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE
 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) St. Joseph Mo.

FATHER 13. NAME WILLIAM SPURGEON
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH, MISSOURI

MOTHER 15. MAIDEN NAME STELLA BROWN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EAKLY, OKLAHOMA

17. INFORMANT (ADDRESS) WILLIAM SPURGEON 822 MAIN

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY ST. JOSEPH, DATE DEC. 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOHN F. RUPP 605 1/2 PRYOR AVE.

20. FILED Dec 14 1939 H. J. Nuttlebury Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1939, to Dec. 12, 1939
 I last saw in utero alive on _____, 1939. 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:
Miscarriage of Stillborn Premature
 Date of onset 12-11-39

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Exam 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) Carly Worth, M. D.
 (Address) 415 Corby Bldg
St. Joseph, 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.

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,~~ *not*

embalmed

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

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, above space should be left blank.