

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3229

State File No. 4377

Registrar's No. 15829

Registration District No. 627

Primary Registration District No. 4377

RECORDED FEB 17 1940

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Pickering
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (If rural, give location)

3. (a) PRINT FULL NAME Georgia Ellen Spurgin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 23. 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day hr. _____ min.

9. Birthplace Pickering Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 0

12. Name George Spurgin

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

14. Maiden name Mary Ellen Pettit

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

16. (a) Informant Mrs. Myron Pettit

(b) Address Pickering Mo.

17. (a) Burial (b) Date thereof Jan. 28, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) Jan. 28 1940 (b) Mrs. L.C. Hackett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Pickering
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1940 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from 1-23-40
_____ 19____ to 1-27 1940

that I last saw him alive on 1-23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Thymus Stasis
Lymphatic

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) no

(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? _____

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

23. Signature James E. Egly (M. D. or other) _____

Address Maryville, Mo. Date signed 1/27/40

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

4492

RECEIVED
District Health Officer No. 11
District File Number 240-69
Date Filed FEB 8 1940

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.....

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.