No. 2

X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

Registration District No. 668

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3777

Primary Registration District No. 3032

Registrar's No. 21

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

80
6
4

**1. PLACE OF DEATH:**

(a) County Pettis

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

(c) Name of hospital or institution: 215 W Pettis
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Pettis 80

(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")

(d) Street No. 215 W Pettis 4
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELLIOTT SPEARS

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

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced M

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

7. Birth date of deceased Oct (Month) 5 (Day) 1879 (Year)

8. AGE: Years 61 ~~64~~ Months 3 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Sedalia (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Intense Decorator

11. Industry or business Public

FATHER
12. Name Louis Spears
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Catherine Williams
15. Birthplace Unknown (City, town, or county) × 9 (State or foreign country)

16. (a) Informant Jennie Dye
(b) Address 215 W Pettis st. Sedalia Mo

17. (a) Sedalia (Burial, cremation, or removal) (b) Date thereof Jan 18 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director F. D. Ferguson
(b) Address Sedalia

19. (a) 1/18/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 14-1 year 1941 hour ____ minute 4 am M.

21. I hereby certify that I attended the deceased from Jan 6, 1941, to Jan 1941, that I last saw him alive on Jan 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Paralysis

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 A. W. G. Dawey (M. D. or other) D
Address Sedalia Mo Date signed 1-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

**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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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

**If this body is not embalmed, fact should be so stated above.**

No. 2B
-2-21-40
I X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3777

Registration District No. 1668 Primary Registration District No. 3032 Registrar's No.

1. PLACE OF DEATH
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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.

3. (a) PRINT FULL NAME Elliott Spears
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Oct - 5 - 1879 (Month) (Day) (Year)

8. AGE: Years 61 ~~64~~ Months 3 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 4-1-41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1941 hour minute 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.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

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 W. C. Dawson (M. D. or other)
Address Sedalia Mo. Date signed

SUPPLEMENTARY