

MAR 14 1941

Registration District No. 175

Primary Registration District No. 5250

WRITE PLAINLY—USE ENGLISH—GIVE FACTS—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.

**1. PLACE OF DEATH:**  
 (a) County Chariton  
 (b) City or town RURAL - MUSSELFORK TOWNSHIP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 11 mo. years, months or days

3. (a) PRINT FULL NAME THOMAS P. SPORTSMAN  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Margarett Sportsman  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 19 1846  
 (Month) (Day) (Year)

8. AGE: Years 94 Months 9 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
 MOTHER FATHER {  
 12. Name James Sportsman  
 13. Birthplace 1 Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Turpin  
 15. Birthplace 1 Kentucky  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature T. P. Sportsman  
 (b) Address Keokuk Mo.  
 17. (a) Burial (b) Date thereof 2-3-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bell  
 18. (a) Signature of funeral director James McLaughlin  
 (b) Address Marion Mo.  
 19. (a) 3/3/41 (b) D. H. Blanton MD  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Chariton 21  
 (c) City or town Rural Musselfork Town. 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Musselfork R.F.D. 1  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. Life 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 1  
 year 1941 hour 11 minute 30 P.M.  
 21. I hereby certify that I attended the deceased from called as coroner 19\_\_\_\_; and that death occurred on the \_\_\_\_\_ day and hour stated above.

Immediate cause of death From history  
 Due to Probably influenza  
 Due to Senility age 94  
 Other conditions Had no attending physician  
 Major findings: found dead in bed  
 Of autopsy no 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? no  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury 3 Chariton Co coroner  
 23. Signature Harry E. Statum (M. D. coroner)  
 Address Brownsville Mo. Date signed 2/24/41

~~17-9-3~~  
OFFICE NO. 8

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**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.**