FILED APR 25 1941

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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. 9936

Registration District No. 26 Primary Registration District No. 3002 Registrar's No. 63

**1. PLACE OF DEATH:**

(a) County Audrain 4

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

(c) Name of hospital or institution:
534 S. Clark St. 1
(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 42 days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Audrain 4

(c) City or town Rual 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #3, Centralia, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Arthur Spurling

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethell Spurling

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 20, (Day) 1874 (Year)

8. AGE: Years 66 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Randolph County, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henson Spurling
13. Birthplace Randolph County, Missouri (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Mary Eliza Johnson
15. Birthplace Randolph County, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Ethell Spurling
(b) Address R.F.D. #3, Centralia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director [illegible]
(b) Address Mexico, Mo.

19. (a) April 17-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15 year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 9- 1941, to April 10 1941; that I last saw him alive on 4-15- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis — Duration Approx 4 wks 1941

Due to only from 2 infections were very bad & weight tech

Due to

Other conditions (Include pregnancy within 3 months of death) N/A

Major findings: Of operations None.

Of autopsy No.

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) No

(b) Date of occurrence —

(c) Where did injury occur? None (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 Harry F. O'Brien (M. D. or other) D

Address Mexico Mo. Date signed 4/16/41

(Licensed Embalmer's Statement on Reverse Side)

## 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

Earl E. Precht, Registered Apprentice No.

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

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

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