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State File No. ....

APR 10 1941

Registration District No. 467

Primary Registration District No. 4280

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Aurora  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
313 West College St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 54 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence  
(c) City or town Aurora  
(If outside city or town limits, write "RURAL")  
(d) Street No. 313 West College St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charlotte Sprague

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife R.D. Sprague 6. (c) Age of husband or wife if alive 78 years  
7. Birth date of deceased Jan. 13 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Wm Buster

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

14. Maiden name Not known

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

16. (a) Informant R.D. Sprague

(b) Address Aurora Mo.

17. (a) Burial (b) Date thereof 3/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aurora Mo.

18. (a) Signature of funeral director J.F. King

(b) Address Aurora Mo.

19. (a) 4/3/41 (b) T.D. Coburn  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1941 hour 4 minute 25 P.A.M.

21. I hereby certify that I attended the deceased from Feb 24  
1941 to Mar 29 1941  
that I last saw h. er alive on Mar 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature W.H. Harrison (M. D. or other) \_\_\_\_\_

Address Aurora, Mo. Date signed Mar 31-41

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

RECEIVED

District Health Officer No. 6,

District File Number 441-576

Date Filed APR 9-1977

**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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

**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, fact should be so stated above.**