

FILED MAY 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13753**

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 124

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville
(c) Name of hospital or institution: 1119 North Centennial St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 59yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirkville
(d) Street No. 1119 North Centennial St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Roy Spurgeon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: April 1 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 13 If less than one day hr. _____ min.

9. Birthplace Schuyler Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation day labor

11. Industry or business _____

MOTHER FATHER

12. Name LeRoy Preston Spurgeon
13. Birthplace Louisville Ky.
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Phillips
(b) Address Kirkville Mo.
17. (a) burial (b) Date thereof 4-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Owenby Cent.

18. (a) Signature of funeral director W. E. Riley
Kirkville Mo. (b) Address _____

19. (a) April 24/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from April 17
1941 to April 21 1941.

that I last saw him alive on April 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration _____

Due to Chronic myocarditis

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? _____

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

23. Signature Leader Siegel (M.D. or other) DO
Address 516 N. Belmont, Kirkville Date signed 4/24/41

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

133

#5

RECEIVED

District Health Officer No. 10

District File Number 5-41-902

Date Filed MAY 14 1941

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 D. E. Kelley

Licensed Embalmer No. 4181

P. O. Address Kirkville 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.