No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. DF-17-10 Camp

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 505

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84

(c) City or town Bolivar (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 Harlan E. Spurgeon

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Spurgeon

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. (Month) 28 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	6	23	hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business Grocer

FATHER
12. Name Lemuel G. Spurgeon
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Katherine Bates
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Elizabeth Spurgeon

(b) Address Bolivar, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Bolivar, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-24-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 16, 1941, to June 21, 1941; that I last saw him alive on June 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Myeloma - primary seat undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Multiple Myeloma

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 Francis B. Camp (M. D. or other) MD

Address Springfield Date signed 6-21-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L Dealin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield Me

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

X

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