

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

FILED AUG 29 1941

State File No.

Registration District No. 1

Primary Registration District No.

Registrar's No. 204

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Laughlin Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town Moulton (If outside city or town limits, write "RURAL") 15
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora Bell Spurgeon

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

4. Sex 1 Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Luther Spurgeon 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Feb. 10, 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Hwf

11. Industry or business _____

MOTHER FATHER { 12. Name John Kerby

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

14. Maiden name Alice Howell

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

16. (a) Informant H. L. Spurgeon

(b) Address Moulton Iowa

17. (a) Removal (b) Date thereof 7/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation App. Co. Iowa

18. (a) Signature of funeral director Kush J. Johnson

(b) Address Center Ave, Iowa

19. (a) July 12/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month July day 11 year 1941 hour 6 minute 35A M.

21. I hereby certify that I attended the deceased from July 3 1941 to July 11 1941
er July 11 1941
that I last saw h_____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial Endocarditis
Duration: 7 wks

Due to _____
Due to 910

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 E. H. Laughlin (M. D. or other) MD

Address Kirksville, Mo Date signed July 11

RECEIVED

District Health Officer No. 10

District File Number 8-41-1586

Date Filed AUG 21 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 Myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Hugh L. Johnson
.....
Licensed Embalmer No. 3487

P. O. Address Centerville,

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.