

No. 2
-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

J. R. ...
State File No. **28935**
Registrar's No. **51**

FILED SEP 9 1941

Registration District No. **207**

Primary Registration District No. **5806**

1. PLACE OF DEATH:
 (a) County **New Madrid**
 (b) City or town **Portageville Rural**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community **7 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **New Madrid**
 (c) City or town **Portageville** (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Barbara Ann Spoor.**
3. (b) If veteran, name war. **3. (c) Social Security** No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **8** day **30**
 year **41** hour **7** minute **30 A.M.**
21. I hereby certify that I attended the deceased from **Aug 30 1941** to **Aug 30 1941**
 that I last saw her alive on **Aug 30 1941**
 and that death occurred on the date and hour stated above.

4. Sex **Female!** **5. Color or race** **W.**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife. **6. (c) Age of husband or wife if**
 alive years
7. Birth date of deceased. **8** **30** **1941**
 (Month) (Day) (Year)

Immediate cause of death.
Premature labor or delivery
 Due to **Unknown**
 Due to
 Other conditions (Include pregnancy within 3 months of death)
159

8. AGE: Years Months Days If less than one day
4 hr. 4 min.

9. Birthplace **Portageville MO.**
 (City, town, or county) (State of foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name **Clarence Spoor.**
13. Birthplace **Woods Co. Ill.**
 (City, town, or county) (State or foreign country)
14. Maiden name **Mary Marie Friel**
15. Birthplace **New Madrid MO.**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
Major findings:
 Of operations
 Of autopsy **No**

16. (a) Informant **Clarence Spoor.**
(b) Address **Portageville MO.**

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?

17. (a) Burial (b) Date thereof **9-30-1941**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Portageville MO.**

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

18. (a) Signature of funeral director **Franklin**
(b) Address **Portageville MO.**
19. (a) Sept 2 1941 (b) **Mary W. Cook**
 (Date received local registrar) (Registrar's signature)

23. Signature **A. J. ...** (M. D. or other)
Address **Portageville, MO** **Date signed** **8-30-41**

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

RECEIVED

District Health Office No. 2

District File Number 94-1211

Date Filed 9-5-41

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.....

Not Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.