

Registration District No. 618.

Primary Registration District No. 4234

Registrar's No.

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Burlington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burlington, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 57 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison
(c) City or town Burlington, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. City (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6th
year 1941 hour 6. minute 00. P. M.
21. I hereby certify that I attended the deceased from June 19
1939 to 9/6, 1941,
that I last saw him alive on 9/6, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Asymptomatic
Bladder neck obstruction 9 yrs.
Due to _____
Duration _____

3. (a) PRINT FULL NAME WM McCOLLUM SPARGUR

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 Married
6. (b) Name of husband or wife Male Spargur 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 5 - 1 - 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Higland Co Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Retail Sales Employee

11. Industry or business Retail

12. Name John C. Spargur

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

14. Maiden name McCollum

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

16. (a) Informant Frank C. Spargur

(b) Address 1616 S. Olive St. Mo.

17. (a) Ohio Cem (b) Date thereof 9-8-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlington, Mo.

18. (a) Signature of funeral director J. S. Clement

(b) Address St. Louis, Mo.

19. (a) 9-8-41 (b) J. R. Row
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Bladder neck obstruction
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 J. S. Clement (M. D. or other) MD
Address Burlington, Mo. Date signed 9/9/41

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

OCT 13 1944

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.....

Licensed Embalmer No. 3381

P. O. Address Tulsa, 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.