

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10745

State File No.

Registration District No. 389

Primary Registration District No. 5432

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Rural, Miller Twp
(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 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME MYRON S. SPRAGUE

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

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

6. (b) Name of husband or wife ANNA XXXXXXXX SPRAGUE XXX 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 7 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name ORRIN SPRAGUE

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

14. Maiden name EVELYN POWERS

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

16. (a) Informant Refusa SPRAGUE

(b) Address McFall, Mo.

17. (a) BURIAL (b) Date thereof 3 19/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Pattonsburg, Mo.

18. (a) Signature of funeral director W. Brown

(b) Address Pattonsburg, Mo.

19. (a) 3/19/42 (b) Harvey H. Webster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Miller Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17
year 1942 hour II minute 45 A. M.

21. I hereby certify that I attended the deceased from 3/12/42
to 3/12/42, 19 42,
that I last saw him alive on 3/12/42, 19 42,
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis
Due to Acute gastritis
Due to myocarditis
Other conditions Generalized atherosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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?

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

23. Signature W. Brown (M. D. or other) M.D.
Address Pattonsburg, Mo. Date signed 3/19/42

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.....

E. S. Brown

Licensed Embalmer No. 2857

P. O. Address Pattonsbuurg, Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10 745
Registrar's No.

Registration District No. 309

Primary Registration District No. 5432

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Asenal
(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. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

Myron S. Sprague

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June 7
(Month) (Day)

8. AGE:

Years

Months

Days

If less than one day

62

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March Day 1942 year 1942 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1942 to 1942,
that I saw him alive on March 19, 1942,
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Nephritis
Due to do not know. saw patient
Due to once in my office only.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy 130

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 (M. D. or other)
Address Date signed

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

SUPPLEMENTARY

S-10745 1942