S. No. 2
M—9-4-41
v. 5-17-39
I X29484

AUG 17 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24182

Registration District No. 90 Primary Registration District No. 5329 Registrar's No.

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

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town RURAL OAK HILL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CUBA ROUTE I 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community AT HER HOME ALL LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CRAWFORD 28
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. CUBA ROUTE 1
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH ETHELYN SPURGEON
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex FEMALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE 0
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased NOV. 15 (Month) 1940 (Day) (Year)

8. AGE: Years 1 Months 2 Days 27 If less than one day hr. min.

9. Birthplace CUBA ROUTE 1 MO 0
(City, town, or county) (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name BUELL SPURGEON
13. Birthplace JAKES PRAIRIE MO 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ESTHER WRIGHT
15. Birthplace JAKES PRAIRIE MO 0
(City, town, or county) (State or foreign country)
16. (a) Informant BUELL SPURGEON
(b) Address CUBA ROUTE 1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 14 1942 (Month) (Day) (Year)
(c) Place: burial or cremation LICKLIDER CEM.
18. (a) Signature of funeral director W. F. Gottenstracter
(b) Address Owensville
19. (a) July 1 42 (Date received local registrar) (b) Lillie Rodgers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 12
year 1942 hour 12 minute 50 A.M.
21. I hereby certify that I attended the deceased from 2/12, 1942 to 2-12-, 1942
that I last saw her alive on 2-12-, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhagic Gastritis
Due to Septic Gastritis With Ulceration
Due to
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓ 117a
Of autopsy ✓

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? 0 (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 0
23. Signature E. A. Seth M.D. (M. D. or other)
Address St. James Hospital Date signed

(Licensed Embalmer's Statement on Reverse) St. James Mo

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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 Me

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

working under my personal supervision.

Signed Milford H H Winter

Licensed Embalmer No. 3835

P. O. Address: Owensville 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.