

FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27800

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 129

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks.
(Specify whether years, months or days)

In this community 4 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Tarkio, Missouri
(If outside city or town limits write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Coleda Lucile Spratt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20 year 1942 hour _____ minute _____ M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Winfield S. Spratt

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

7. Birth date of deceased November 13, 1922
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1942 to 8/20/42, 1942, that I last saw him alive on 8/20/42, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>9</u>	<u>7</u>	hr. _____ min.

Immediate cause of death: Septicemia due to premature labor & delivery

Due to _____

Due to _____

Duration 5 hrs

9. Birthplace Burlington Junction, Mo.
(City, town, or county) (State or foreign country)

Other conditions 24a
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name John Byron Martin

{ 13. Birthplace Nodaway Co., Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Eva Elizabeth Spangler

{ 15. Birthplace Nodaway Co., Missouri
(City, town, or county) (State or foreign country)

Major findings: 24a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Winfield S. Spratt

(b) Address Tarkio, Missouri

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 8-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) Aug 20 1942 (b) Mary Coleda
(Date received local registrar) (Registrar's signature)

23. Signature D. H. Hestland (M. D. or other) MD

Address Maryville Mo Date signed 8/29/42

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

John W. Price

Licensed Embalmer No.

4281

P. O. Address

Maryville 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, above space should be left blank.