No. 2
9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

Registration District No. 272.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4403

State File No. 3047

Registrar's No.

78 3 0

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Steele, Missouri
(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 years, months or days): 15 Days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Steele
(If outside city or town limits, write "RURAL")
(d) Street No.: None
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Judy Carlyn Spears
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive: None years
7. Birth date of deceased: December 30, 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	15	hr. min.

9. Birthplace: Steele (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
FATHER 12. Name: Dean Spears
FATHER 13. Birthplace: Steele, Missouri 0 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Wilma Fergerson
MOTHER 15. Birthplace: Steele Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Ella Fergerson
(b) Address: Steele, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 16, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Cemetery
18. (a) Signature of funeral director: German Undt. C.
(b) Address: Steele, Missouri
19. (a) Jan. 30, 1943 (Date received by local registrar) (b) Mrs. Dorothy Hence (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14 year 1943 hour 11:00 minute A.M.
21. I hereby certify that I attended the deceased from 1-13-1943 to 1-14-1943 that I last saw h. alive on 1-13-1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia ✓ — Duration
Due to: ✓
Due to: ✓
Other conditions (Include pregnancy within 3 months of death): ✓ 107
Major findings: 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: E. L. Taylor (M. D. or other) MD
Address: Steele, Mo. Date signed: 1-18-43

1224 (Licensed Embalmer's Statement on Reverse Side)

1-10-43

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 Herbert J. Brown

Licensed Embalmer No. 3289

P. O. Address Steele 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.