

FILED MAR 8 1943

Registration District No. 1013

Primary Registration District No. 3010

Registrar's No. 44

16
4

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

1. PLACE OF DEATH:
 (a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
622 Jefferson St. 1
 (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) 23 years

3. (a) PRINT FULL NAME Pearl Janice Spuslock
3. (b) If veteran, _____ **(c) Social Security** _____
 name war _____ No. _____

4. Sex Female **5. Color or** _____ **6. (a) Single, widowed, married,** _____
1 **race** white 1 **divorced, married**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
George Spuslock **alive** 43 **years**
7. Birth date of deceased _____ **(Month)** Sept **(Day)** 4 **(Year)** 1899

8. AGE: Years _____ Months _____ Days _____ If less than one day _____
43 4 27 hr. _____ min. _____

9. Birthplace Oscoda County Michigan
 (City, town or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business _____

MOTHER, FATHER

12. Name Theodore R. Ray Foster

13. Birthplace Oscoda County Michigan
 (City, town, or county) (State or foreign country)

14. Maiden name Rena Williams

15. Birthplace Oscoda County Michigan
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vernon Benjamin

(b) Address Cape Girardeau, Mo.

17. (a) Burial _____ **(b) Date thereof** 2-04-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemt

18. (a) Signature of funeral director J. P. H. Hamer

(b) Address Cape Girardeau, Mo.

19. (a) 1-3-43 **(b) F. H. Phelps**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cape Girardeau
 (c) City or town Cape Girardeau #
 (If outside city or town limits, write "RURAL")
 (d) Street No. 622 Jefferson St.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
 year 1943 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____
6-25 1942 to 2-1 1943
 that I last saw her alive on 1-31 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus **Duration** 2 yrs

Due to _____

Due to _____

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

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 P. C. Ritter, M.D. (M. D. or other) _____

Address Cape Girardeau, Mo. **Date signed** 2-2-43

RECEIVED

District Health Officer No. 4
District File Number 343-1894
Date Filed 3-8-43

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed

Howard L. Haman

Licensed Embalmer No.

4122

P. O. Address

Capt. Hamilton, N.Y.

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.