S. No. 2
OM—5-42
y. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED MAY 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14075

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(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 no (Specify whether
In this community 57 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Cameron /
(If outside city or town limits, write "RURAL")
(d) Street No. 308 W. Cornhill
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Preston Spurlock

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

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

6. (b) Name of husband or wife Anna McCrea Spurlock 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Feb (Month) 18 (Day) 1858 (Year)

8. AGE: Years 85 Months 2 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Warren Co. (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation Retired R.R. Engineer.

11. Industry or business Railroading

FATHER
12. Name Stephen Spurlock
13. Birthplace (City, town, or county) West Va. / (State or foreign country)

MOTHER
14. Maiden name Sarah Booth
15. Birthplace Warren Co. (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Mrs John Spurlock
(b) Address Cameron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director Poland Funeral Home
(b) Address Cameron

19. (a) Apr. 29 43 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28 year 1943 hour 5.45 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jun 10, 1942, to April 28, 1943 that I last saw him alive on April 25, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death) 97	
Major findings: Of operations —	
Of autopsy no	

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 [signature] (M. D. or other)
Address Cameron Mo. Date signed Ap 29/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 6 1945

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. Gerald I Wade.

Licensed Embalmer No. 4172

P. O. Address Cameron 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.