

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 160

Primary Registration District No. 9090

Registrar's No. 33

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

1. PLACE OF DEATH: Jefferson  
 (a) County 420 South Adams  
 (b) City or town Festus, Mo.  
 (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: 22 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rev. William Spurlock  
 3. (b) If veteran, name war: None 3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Della Spurlock 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased Sept. 21, 1881  
 (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Unknown Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Minster

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Della Spurlock

(b) Address 420 So. Adams.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Zion Cemetery

18. (a) Signature of funeral director Fink Und. Co.  
 (b) Address Festus, Mo.

19. (a) June 1, 1945 (b) H. P. C. Price (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jefferson 50  
 (c) City or town Festus, 1  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 420 So. Adams  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country: /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
 year 1943 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 20, 1943 to 19 that I last saw him alive on May 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to.....  
 Due to.....  
 Other conditions (include pregnancy within 3 months of death) 930

Major findings:  
 Of operations.....  
 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? (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 Belinda Belgard M. D. or other  
 Address Festus, Mo. Date signed 7-9-43

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

Signed.....

*Wm Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*2575 Aldine*

**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.**