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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22175

Registration District No. 276 Primary Registration District No. 4410 Registrar's No.

81
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0

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

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town St James Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town St James 81
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? 0 (~~Yes or~~ No)
If yes, name country 0

3. (a) PRINT FULL NAME Francis Bryan Spurgeon
3. (b) If veteran, name war —
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Alfred Spurgeon
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased 9 (Month) 1 (Day) 1896 (Year)

8. AGE: Years 46 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Phelps Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Eliza Wright
13. Birthplace Jake Prairie (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Ursula Ballard
15. Birthplace Phelps Co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Alfred Spurgeon
(b) Address St James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Forrest Cem
18. (a) Signature of funeral director W E Lichlider
(b) Address St James Mo
19. (a) 6-25-1943 (Date received local registrar) (b) Chauncie Dickson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
year 1943 hour 11 30 minute P M.
21. I hereby certify that I attended the deceased from 1942 June 1943, to June 19 1943;
that I last saw h 4 alive on Jun 17 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary TB	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	
Major findings: Of operations —	
Of autopsy No	

13 b

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) No
(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 C. H. Fulbright (M. D. or other) MD
Address St James Mo Date signed 6-25-43

1091

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1954

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 W E Lickliter

Licensed Embalmer No. 1970

P. O. Address St James 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.