

No. 2  
-5-42  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3252

State File No. ....

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1130 River  
(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)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. 1130 River St.  
(If rural, give location)

(e) Citizen of foreign country? X No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Birdie May Spilman

3. (b) If veteran, --- name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th  
year 1944 hour 1:45 minute p M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Albert W. Spilman

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 23 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 26 1943 to Jan. 4 1944  
that I last saw him/her alive on Jan 4 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 4 Days 11 If less than one day  
hr. .... min.

Immediate cause of death Polar Pneumonia Duration

9. Birthplace unknown Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife  
at home

Due to Influenza

Due to .....

11. Industry or business .....

12. Name Abraham Bailey

13. Birthplace unknown Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Clarissa Buchanan

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

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

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Albert W. Spilman

(b) Address 1130 River, Carthage, Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically.

33a

17. (a) Burial (b) Date thereof Jan 7, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarcoxie Cemetery  
Knell Mortuary

18. (a) Signature of funeral director.....  
(b) Address Carthage, Missouri

19. (a) Jan. 6 '44 (b) E. Elizabeth Couplin  
(Date received local registrar) (Registrar's signature)

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 R. V. Webster (M. D. or other).....  
Address Carthage Mo Date signed Jan 4

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

44-1-96

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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 *Samuel J. Hall*

Licensed Embalmer No. 39153

P. O. Address Carthage 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.**