S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6794

State File No.

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 65

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: ST Frencis Hosp. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether

In this community 2 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED: 100

(a) State Mo (b) County Scott

(c) City or town Commerce R1 Rural (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Marylyn Spradlin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased June (Month) 3 (Day) 1929 (Year)

8. AGE: Years 14 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Detroit (City, town, or county) Mich (State or foreign country) /

10. Usual occupation Sahook girl

11. Industry or business

FATHER
12. Name Ed Spradlin
13. Birthplace Scott Co (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Maggie Bolton
15. Birthplace Malden (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mrs Ed Spradlin

(b) Address Commerce Mo R1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Commerce Mo

18. (a) Signature of funeral director Bisplinghoff & Nobbard

(b) Address Illmo Mo

19. (a) 2-15-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

1014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1944 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 13 1944, 19__, to Feb. 13 1944, 19__; that I last saw her alive on Feb. 13 1944, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries to head and chest.

Due to Fall from moving automobile

Due to

Other conditions (Include pregnancy within 3 months of death)

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) Accident Feb. 13 1944

(b) Date of occurrence 2-13-44 Scott Co. 100

(c) Where did injury occur? Fornfelt, Missouri (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)

While at work? no (e) Means of injury fall from moving automoblie

23. Signature [illegible] (M. D. or other) M. D.

Address Illmo, Mo. Date signed 2-13-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 344-3526

Date Filed 3-9-44

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 Minnie Bieplenghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.