

Registration District No. **FILED MAR 4 1944**

Primary Registration District No. **3025**

Registrar's No. **21**

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains, Missouri
(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 _____ (Specify whether)
In this community 50 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town West Plains, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Eliza beth Spears

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife A. J. Spears 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 10th., 1870
(Month) (Day) (Year)

8. AGE 74 Years Months Days 23 If less than one day
hr. _____ min.

9. Birthplace Crawford Co., Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Jasper Hard
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Ma. Ann Spurgeon (State or foreign country)
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Matt Hard
(b) Address West Plains, Missouri

17. (a) B (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director Robertsons
(b) Address West Plains, Missouri

19. 2-18-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 4
year 1944 hour 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from Jan. 14th 1944 to Feb. 4th 1944
that I last saw her alive on Feb. 3rd 1944, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death failure of the breathing centers. Duration _____

Due to Lobar Pneumonia.

Due to Influenza.

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

Major findings: _____
Of operations _____

Of autopsy none

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) (c) Means of injury 0

23. Signature R. A. Sparks (M. D. _____)
Address West Plains, Mo. Date signed 2/12/44

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

RECEIVED

District Health Officer No. 5,
District File Number 344180
Date filed 3-6-44

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 [Signature]

Licensed Embalmer No.....

P. O. Address:.....

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.