

FILED MAY 31 1944

Registration District No. _____

Primary Registration District No. 3017

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Bonneville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. RED Salisbury
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME Bertha Marie McSparren
8. (b) If veteran, name war L
3. (c) Social Security No. L

4. Sex Fe 5. Color or race wh
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Earl McSparren
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 3 1901
(Month) (Day) (Year)

8. AGE: Years 43 Months 1 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Chariton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business _____

MOTHER FATHER
{ 12. Name Louis Pegelow
{ 13. Birthplace Chariton Co. Missouri
(City, town, or county) (State or foreign country)
{ 14. Maiden name Mary Lampe
{ 15. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Earl McSparren
(b) Address Salisbury Mo
17. (a) burial (b) Date thereof April 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery
18. (a) Signature of funeral director Geo. B. Winkelman
(b) Address Salisbury Mo
19. (a) April 17 44 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1944 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 9, 1944, to April 16, 1944;
that I last saw her alive on April 16, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death. Trauma Acute Nephritis
Duration 7 days 10 days

Due to _____
Due to _____
Other conditions Post-Partum 9 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underlines 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 M.H. Ziegler (M. D. or other) MD
Address Bonneville Mo Date signed 4/16/44

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

1048

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-2-44

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

Chas B. Wilhelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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, above space should be left blank.

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Booneville
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Bertha Marie McSpaver
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased march 2
(Month) (Day) (Year)

8. AGE: Years 48 Months 1 Days mo. If less than one day..... min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant..... (b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... Day..... Year..... Hour..... Minute..... M.
21. I hereby certify that I attended the deceased from....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Myocardial Infarction
acute nephritis / ?
Due to Cause Unknown - Probably
Toxemia of Pregnancy - Had no Acute
Swing. Was delivered by Dr. Harms
in Salisbury - Maryland.

Due to.....

Other conditions. Post Partum - Had
a retained placenta delivered
as usual; there was no
Major findings: Post partum infection.
But I know is that she died
of anemia secondary to
nephritis - Cause Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. Death was due to external causes all in the following:
Accident, suicide, or homicide
(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.....

23. Signature W.H. Zigler (M. D. or other) MD.
Address Booneville Mo. Date signed 5-5-44

SUPPLEMENTARY

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

14510