

FILED OCT 19 1944

Primary Registration District No. **3127**

Registrar's No. **80**

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

1. PLACE OF DEATH:

(a) County Jasper City
 (b) City or town Jasper City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
316 N. Hall
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 8 years
years, months or days)

3. (a) PRINT FULL NAME Mary Melvina Spradling

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 12 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Richard Roberts

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

14. Maiden name Martha Jones

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

16. (a) Informant Dr. Orpha Stewart

(b) Address Jasper City, Mo

17. (a) Burial (b) Date thereof 10/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cool Job Cemetery

18. (a) Signature of funeral director Walter Lewis

(b) Address Jasper City, Mo

19. (a) Oct. 2, 1944 (b) Mrs. Tillie Lagle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Jasper City
(If outside city or town limits, write "RURAL")
 (d) Street No. 316 N. Hall
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
 year 1944 hour 11:55 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 27
1944 to Sept 29 1944
 that I last saw her alive on Sept 29 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

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

Major findings:
 Of operations: H&E
 Of autopsy: _____

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 h

23. Signature: P. B. Munson (M. D. or other) D. O.
 Address: W. B. City, Mo Date signed 10-2-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-10-787
511 W 125
phone 31

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. 2859
P. O. Address *[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.