

S. No. 2
M-5-42
7-5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37814

FILED DEC 15 1944

State File No.

Registration District No.

Primary Registration District No. 5459

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town WILLARD, MO. Rt. 2
(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
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 2, Willard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Edgar Alfred Spoon

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laura Belle Spoon 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 8 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 8 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John Randolph Spoon
13. Birthplace Randolph N.C.
(City, town, or county) (State or foreign country)
14. Maiden name Susana Jane Trogdon
15. Birthplace Randolph N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edgar Alfred Spoon
(b) Address Rt. 2, Willard, Mo.

17. (a) Burial (b) Date thereof 11-19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director W. L. Dunn

(b) Address Springfield, Mo.

19. (a) Nov 21 - 1944 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1944 hour Unknown minute P M.

21. I hereby certify that I attended the deceased from
No Physician for attendance, 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to...
Due to... 94a
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy...
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) ...
(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 Car

23. Signature Murray C. Stone (M. D. or other) Coroner
Address Springfield, Mo. Date signed 11-17-44

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

1295

RECEIVED

Greene County Health Office,

County File Number 44-12-92

Date Filed 12/12/44

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.....

C. W. McArthur

Licensed Embalmer No. 28911

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.