

FILED DEC 22 1944

Registration District No. 738

Primary Registration District No. 5497

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town RURAL MARION TWP.
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES FRANKLIN SPURGEON

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife MARILEYN 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased 7 30 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

28 3 19 hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name AMRS SPURGEON

13. Birthplace DO NOT KNOW Mo.
(City, town, or county) (State or foreign country)

14. Maiden name EMMA DAVIS

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

16. (a) Informant MARILEYN SPURGEON

(b) Address Blytheville, Mo.

17. (a) BURIAL (b) Date thereof 11/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville, Mo.

18. (a) Signature of funeral director J. M. Hase

(b) Address Blytheville, Mo.

19. (a) 11/21/44 (b) Richard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1944 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov. 17, 1944 to Nov 19, 1944
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis Duration 2 days

Due to Perforation of Gastric ulcer

Due to _____

Other conditions: 1170
(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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. B. Hase (M. D. or other) RD

Address Blytheville, Mo. Date signed 11-20-44

MAY 5 1948

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..... *Shontes H. Hias*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, 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.