

FILED JAN 25 1945

Registration District No. 6165 346

Primary Registration District No. 346-1165

State File No.

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Hurley
(c) Name of hospital or institution: *Hurley Nursing Home*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 yrs.
In this community 36 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stone
(c) City or town Hurley
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Lemuel Allen Springer

3. (b) If veteran, name war none 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 Mrs. Lillian Springer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Jan. 16, 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 25
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name James D. Springer
13. Birthplace Tenn.
14. Maiden name Mary Morris
15. Birthplace unknown

16. (a) Informant Mrs. L.A. Springer

(b) Address Hurley, Mo.

17. (a) burial (b) Date thereof Jan. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Short Cemetery

18. (a) Signature of funeral director T.W. Maples

(b) Address Clever, Mo.

19. (a) 1-14-43 (b) *George Macdonald*
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1943 hour 12 minute 45 P.M.

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

Immediate cause of death *acute myocardial infarction*
Due to *Influenza + upper respiratory infection*
Due to *none*

Other conditions *none*
(include pregnancy within 3 months of death)

Major findings: Of operations *none*
Of autopsy *none*

Duration

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 _____
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 *George Macdonald* (M. D. or other) _____
Address *16 E. Laurel St.* Date signed *1/18/43*

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

RECEIVED

District Health Officer No. 6;

District File Number 145-107

Date Filed JAN 22 1945

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever 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.