

S. No. 2
M-5-42
v. 5-17-39
W-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7284
Registrar's No. 26

FILED MAR 14 1945
Registration District No. 327

Primary Registration District No. 307

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(c) Name of hospital or institution Fitzgibbons
(d) Length of stay: In hospital or institution 3 days
In this community 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Marshall Mo
(d) Street No. 580 S Brunswick
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MADGLIN S. SPEARS

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Feb day 24 year 45 hour 5 minute 30 A.M.

4. Sex F 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur Hamm 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased May 15 1914

21. I hereby certify that I attended the deceased from Feb 22 1945, to Feb 24 1945, that I last saw him alive on Feb 23 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 30 Months 9 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death Pertussis Duration 2 days

9. Birthplace Pennicott Saline Co Mo

Due to Fibroid tumor uterus large

10. Usual occupation Housewife

Other conditions None

11. Industry or business _____

Major findings: Of operations _____ Of autopsy 50

12. Name Lloyd Spears

13. Birthplace Pennicott Saline Co Mo

14. Maiden name Emma Jackson

15. Birthplace Pennicott Saline Co Mo

16. (a) Informant Lloyd Spears

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Feb 26 1945

(c) Place: burial or cremation First Crk Saline Co Mo

18. (a) Signature of funeral director F. D. Ferguson

(b) Address Sedalia Mo

19. (a) 2-24-45 (b) Mo T. Overbrook

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? _____
(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 [Signature] (M. D. or other) _____
Address Marshall Mo Date signed 2/24/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

1215

RECEIVED

District Health Officer No. 8,

File Number.....

Date Filed 3/12/43.....

JAN 16 1957

JAN 9 & 1957

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Adalia

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.