

FILED APR 23 1945

State File No. _____

Registration District No. 18

Primary Registration District No. 4164

Registrar's No. 24

1. PLACE OF DEATH:
 (a) County Davless
 (b) City or town Altamont
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home of John J. Hunt
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Pearl Spurlock
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Leander Spurlock
 6. (c) Age of husband or wife if alive Dec'd years
 7. Birth date of deceased August 6 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	7	8	hr. min.

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

10. Usual occupation Taxi Driver

11. Industry or business Same

MOTHER FATHER }
 12. Name John Fadley
 13. Birthplace Gentry County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Fannie B. Newlin
 15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John J. Hunt
 (b) Address Altamont, Missouri

17. (a) Removal (b) Date thereof 3-14-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson, Missouri
Hope Funeral Home

18. (a) Signature of funeral director Gallatin, Missouri
 (b) Address 3-14-1945

19. (a) 3-14-1945 (b) J. O. Dickerson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Taney
 (c) City or town Branson
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
 year 1945 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from Feb 1 / 45
 19____ to March 14 1945

that I last saw h. or alive on March 14 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Hyper-tensive Cardiac
Vascular renal disease, gall
stones, Diabetes mellitus

Due to _____

Due to Myocardial degeneration

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

Major findings:
 Of operations 61

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

23. Signature H. W. Bailey, Jr. (M. D. or other)
 Address Gallatin, Mo Date signed 3/14/45

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

L. O. Richardson

Licensed Embalmer No.

3307

P. O. Address

Fallston, Md.

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.