V. S. No. 2
00M—5-43
Rev. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13814

Registration District No. 383 Primary Registration District No. 5554 Registrar's No. 42

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1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Mt Vernon Twp (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanitorium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 73 days (Specify whether years, months or days)
In this community 73 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair
(c) City or town Eldorado Springs (If outside city or town limits, write "RURAL") 9 C
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? ! (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jesse A Spriggs
3. (b) If veteran, name war No
3. (c) Social Security No. 506-28-8580
4. Sex Male X
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr 30 1886 (Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Neb ! (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER 12. Name Singleton Wright Spriggs
FATHER 13. Birthplace Unknown (City, town, or county) Ill ! (State or foreign country)
MOTHER 14. Maiden name Josie Stocker
MOTHER 15. Birthplace Unknown (City, town, or county) Ill ! (State or foreign country)
16. (a) Informant Mrs Michael Record Clerk
(b) Address Mo State San. Mt Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation El Dorado Springs
18. (a) Signature of funeral director Guy Eudes
(b) Address El Dorado Springs, Mo
19. (a) 4/16-45 (Date received local registrar) (b) Andy Compton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1945 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 26, 1945 to Apr 9, 1945 that I last saw him alive on Apr 9, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis — Duration 15 mo.
Due to
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Filley Scanlan (M. D. or other) MD
Address Mt Vernon, Mo. Date signed 4-9-45

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 445-493
Date Filed APR 25 1946

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 [signature]

Licensed Embalmer No. 2034

P. O. Address [illegible]

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.