

FILED JUN 13 1945

State File No. 18359

Registration District No. 322

Primary Registration District No. 4482

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Memphis Mo
(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 Entire life (Specify whether _____)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Jennie L. Spurgeon

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 4
year 1945 10 minute _____ 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.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Mar 14 1868
(Month) (Day) (Year)

Immediate cause of death found dead
no Dr in attendance
probably head injury

8. AGE: Years 77 Months 1 Days 20
If less than one day _____ hr. _____ min.

Due to no autopsy

Due to _____

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

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

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

Major findings: _____
Of operations _____

Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {

12. Name Mary Troth

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Peterson

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant D. R. Powell

(b) Address Hemington La

17. (a) Burial Memphis (b) Date thereof May 7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memphis Cemetery

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 _____

18. (a) Signature of funeral director Walter H. Barrett

(b) Address Memphis Mo

19. (a) 5-14-1945 (b) Bernice Wilson
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Baker J. C. Corcoran
Address Memphis Mo (M. D. or other) _____
Date signed 5/14/45

RECEIVED

District Health Officer No. 10

District File Number 6-45-1003

Date Filed JUN 12 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

Fred Gerth

Licensed Embalmer No.

4256

P. O. Address

Memphis

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.