

FILED JUL 30 1945

Registration District No. 107

Primary Registration District No. 4123

Registrar's No. 25

1. PLACE OF DEATH: Douglas

(a) County Douglas

(b) City or town Ava  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Ava 1  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Temoa Spurlock

3. (b) If veteran, name war \_\_\_\_\_ 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 Bill Spurlock 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased March 28, 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Gat Walker 9

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

14. Maiden name Mary Johnson

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

16. (a) Informant Mrs. Susie Anderson (b) Address Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation Girdner

18. (a) Signature of funeral director Clinkinbeard Funeral H

(b) Address Ava, Missouri

19. (a) 7-1-1945 (Date received local registrar) (b) Lula Spurlock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1945 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 1919 to June 1945, that I last saw her alive on June 18, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to arterial hypertension

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ 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? \_\_\_\_\_

ME While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R M Norman (M. D. or other) 0  
Address Ava Mo Date signed 6/29/45

Duration 4 hrs

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

RECEIVED  
District Health Officer No. 6,  
District File Number 745-814  
Date Filed JUL 27 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..... *W.B. Hutchinson* .....

Licensed Embalmer No. *3431* .....

P. O. Address..... *Oran 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.