

No. 2  
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5-17-39  
P1 X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

State File No. **41876**

**FILED JAN 9 1948**  
**STANDARD CERTIFICATE OF DEATH**

Registration District No. 217

Primary Registration District No. 4328

Registrar's No. 1

1. PLACE OF DEATH

(a) County Mississippi

(b) City or town Bertrand  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Residence  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 5 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Bertrand, 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)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SPENCER L. TEAGUE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 490-14-3679

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 6, 1918  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>27</u>	<u>1</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation Factory Worker

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

12. Name JOSH. TEAGUE

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

14. Maiden name LORENCE PHILLIPS

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

16. (a) Informant Mr. Howard Hall

(b) Address Bertrand, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Dogwood Shelly

18. (a) Signature of funeral director John Shelly

(b) Address East Prussia Mo.

19. (a) 1-7-46 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1945 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
**NO DOCTOR ATTENDED**  
**ATTENDED AS CORONER**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

INFLUENZA

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions TUBERCULOSIS (PULMONARY)  
(Include pregnancy within 3 months of death)

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

Of autopsy 1/3/46

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 John P. Hurrell (M.D. or other)

Address Charleston Mo. Date signed 12-8-45

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

7  
0  
0

1541

RECEIVED

District Health Office No 2

District File Number 146-60

Date Filed 1-8-46

JAN 10 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 Francis Shelby

Licensed Embalmer No. 272

P. O. Address East Prarie

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.