. No. 2
I—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Rolwing

State File No. 10150

FILED APR 27 1946

Registration District No. 27 Primary Registration District No. 3045 Registrar's No. 27

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: West Marshall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) All Of life
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Miss. 67
(c) City or town: Charleston 1
(If outside city or town limits, write "RURAL") 2
(d) Street No.: West Marshall 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: None

3. (a) PRINT FULL NAME: Infant Spray

3. (b) If veteran, name war: ----

3. (c) Social Security No.: ----

4. Sex: F 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Infant C

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: January (Month) 10th (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. min.

9. Birthplace: Charleston, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: William Lewis Spray
13. Birthplace: Walnut Ridge (City, town, or county) Ark. (State or foreign country) 1

MOTHER
14. Maiden name: Mildres McCain
15. Birthplace: Malden, (City, town, or county) Mo. (State or foreign country) 11

16. (a) Informant: William Spray
(b) Address: Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove, Charleston, Mo.

18. (a) Signature of funeral director: John F. Nunnelee Jr.
(b) Address: Charleston, Mo

19. (a) 3-6-46 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16th year 1946 hour 4 minute A M.

21. I hereby certify that I attended the deceased from on Jan 10, 1946, to, 19, that I last saw he ER alive on Jan 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Prematurely

Due to:

Due to:

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

Duration

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State) Mo.
While at work? (Specify type of place) (e) Means of injury: 0

23. Signature: L. Chas Rolwing (M. D. or other)
Address: Charleston Mo Date signed 3-1-46

196 (Licensed Embalmer's Statement on Reverse Side)

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

9072

RECEIVED
District Health Office No
District File Number 446-44
Date Filed 4-4-46

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.