

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 323

Primary Registration District No. 4474

Registrar's No. 79

1. PLACE OF DEATH:

(a) County SALINE
(b) City or town SWEET SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
220 BRIDGE ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 17
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County SALINE 17
(c) City or town Sweet Springs 17
(If outside city or town limits, write "RURAL")
(d) Street No. 220 Bridge St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

EDGAR L. SPURGEON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race White
6. (c) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife FANNIE SPURGEON 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased APR 2 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 6 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation RETIRED BANKER

11. Industry or business BANKER

12. Name WMA SPURGEON

13. Birthplace Mo + KNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name LIZZY CLINARD

15. Birthplace NOT KNOWN 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Nelson

(b) Address West 7th St. Mo.

17. (a) burial (b) Date thereof 11/9/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Mo.

18. (a) Signature of funeral director R.C. Carlin

(b) Address Champion Mo

19. (a) 10/28/46 (b) Dolly Andrew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1946 hour 2 minute 9 A.M.

21. I hereby certify that I attended the deceased from investigated
the death Oct 26 1946
that I last saw h. ✓ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Due to _____

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

Major findings: Of operations 13E
Of autopsy Mo

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? _____ (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? _____ (c) Means of injury Stump B.
23. Signature A. H. Hawless Croner (M. D. or other) _____
Address Mass Ball Mo Date signed 10/20/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-9-46

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.

Signed.....

Licensed Embalmer No. 3513

P. O. Address South St. Mo

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.