S. No. 2
M—8-43
. 5-17-39
I X37923

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1947

Registration District No. 290

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5800
State File No.

Primary Registration District No. 4431

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: Pulaski
(b) City or town: Dixon, 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 years, months or days) In this community: Three Months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Pulaski 85
(c) City or town: Dixon, Mo. (If outside city or town limits, write "RURAL") 0
(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: Minnie Octavia Spratley
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edward Spratley
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Nov. (Month) 17 (Day) 1877 (Year)
8. AGE: Years 69 | Months 2 | Days 6 | If less than one day ____ hr. ____ min.
9. Birthplace: Maries County (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation: Housewife
11. Industry or business ____
MOTHER FATHER
12. Name: William Cope land ?
13. Birthplace: unknown (City, town, or county) ? (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) ? (State or foreign country)
16. (a) Informant: Edward Spratley
(b) Address: Dixon, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Vienna, Mo.
18. (a) Signature of funeral director ____
(b) Address: Vienna, Mo.
19. (a) 2/26/47 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1947 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Oct. 1946 to 21-Jan 1947 and that I last saw him alive on 21-Jan 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia	4 mos.
Due to: Carcinoma in abdomen not known probably stomach.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (e) Means of injury 0
23. Signature: E. O. Hughes (M.D. or other)
Address: Dixon, Mo. Date signed 29 Jan. 47

351 (Licensed Embalmer's Statement on Reverse Side)

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 H C Cunningham

Licensed Embalmer No. 3664

P. O. Address Vienna 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.