S. No. 2
M-2-43
5-17-39
35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1947

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 20047

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: Audrain Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2 weeks (Specify whether

In this community years, months or days) Charles Spradlin

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Rural 0 (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? — 1 (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Charles Arlen Spradlin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Johanah Peterson

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

7. Birth date of deceased Nov (Month) 7th (Day) 1865 (Year)

8. AGE: Years 81 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Crawford Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Harvey Spradlin

13. Birthplace D.K. (City, town, or county) Ky 1 (State or foreign country)

14. Maiden name Elizabeth Asher

15. Birthplace Crawford Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Earnest Spradlin

(b) Address Fulton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Aux vasse, Cemetery

18. (a) Signature of funeral director Hughes Mansfield

(b) Address Aux Vasse, Mo.

19. (a) June 10-47 (Date received local registrar) (b) Blanche Neely (Registrar's signature) 4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th year 1947 hour 2:24 minute P. M.

21. I hereby certify that I attended the deceased from 5-31 1947, 19 , to June 10, 1947; that I last saw him alive on June 9, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Nephritis Pneumonitis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION CONSIDERED

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) June 9th Accident

(b) Date of occurrence June 9th 11

(c) Where did injury occur? Farm (City or town) Callaway (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)

While at work? Yes (e) Means of injury Stepped on by a Mule

23. Signature J. Frank Jolley (M. D. or other)

Address Mexico, Mo. Date signed 6/13/47

(Licensed Embalmer's Statement on Reverse Side)

CHOTHER FATHER
Hallen Stolte
July 1947 21

JUL 22 1947

JUL

RECEIVED
District Health Officer No. 1
District File Number 6:47:226
Date Filed JUN 17 1947

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. Hughes Maupin

Licensed Embalmer No. 2358

P. O. Address. Aux Vasse, 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Col }

State File No. 20047
Local Registrar's No. 95

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of July, 1947, before me appears Earnest A. Spradlin, who, upon his oath, states that the original record of ~~birth~~ death for Charles Spradlin, died ~~born~~ June 10, ~~19~~47, in the State of Missouri, and which was filed at Jefferson City Mo on June 19, 1947, should be corrected as follows:

Item No. 3a should read Charles Spradlin
Instead of Charles Arline Spradlin

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ernest A. Spradlin
Relationship Son

Fulton, Mo
Present Address.

Subscribed and sworn to before me this 21st day of July, 1947.

My Commission expires July 22, 1949 Twyla M. Sears Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write at

S. 135
M-3-42
I X32339

S-20647