

FILED AUG 29 1947

Registration District No. _____

Primary Registration District No. 3004Registrar's No. 87

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 11 years
years, months or days)3. (a) PRINT FULL NAME MYRTLE MAY SPEROW

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife V. K. Sprow 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased November 13 1887
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
59 8 16 hr. min.9. Birthplace Dade County, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Robert Fowler
13. Birthplace Bloomington, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Workman
15. Birthplace Tuscumbia, Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Jesse Cunningham(b) Address Kansas City, Missouri17. (a) Burial (b) Date thereof Aug 12 1947
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Cemetery18. (a) Signature of funeral director KONANTZ FUNERAL HOME(b) Address Lamar, Missouri19. (a) AUG 12 1947 (b) Maise Konantz
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Mill
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1947 hour 3 minute 00 P. M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis
Due to (Was dead when I saw her)Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 023. Signature C. E. Duckett (M. D. or other) MD
Address Kansas City Date signed 8/14/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 847-886

Date Filed AUG 27 1947

APR 25 1958

SEP 8

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 Carl F. Keeney

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.