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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 24

FILED OCT 8 1947
Registration District No. 347

Primary Registration District No. 4514

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

1. PLACE OF DEATH:

(a) County SULLIVAN

(b) City or town GREEN CITY
(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 _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County SULLIVAN

(c) City or town GREEN CITY
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED L. SPRAY

3. (b) If veteran, name war _____

3. (c) Social Security No. 500-07-9098

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 25 year 1947 hour 7 minute 30 A.M.

4. Sex M 5. Color or race w 6. (a) Single, widowed, married, divorced mar.

6. (b) Name of husband or wife FEARL SPRAY 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec 29 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20 1947 to Sept 25 1947
that I last saw him alive on Sept 20 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Duration 1 week

8. AGE: Years 63 Months 8 Days 26 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Farmer

11. Industry or business _____

Other conditions Thrombophlebitis
(include pregnancy within 3 months of death)
rats ferrets

Major findings: 39

Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name ABRAHAM SPRAY

13. Birthplace SULLIVAN Mo. D
(City, town, or county) (State or foreign country)

14. Maiden name MILDRED KILGORE

15. Birthplace SULLIVAN Mo.
(City, town, or county) (State or foreign country)

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) _____ (e) Means of injury _____

16. (a) Informant Mr. Alfred Spray

(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 9-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ouraceo Cem.

18. (a) Signature of funeral director Alvin E. Kent & Son

(b) Address Green City, Mo.

19. (a) 10-4-47 (b) J. R. Shaw
(Date received local registrar) (Registrar's signature) 319

23. Signature J. R. Shaw (M. D. or other) 0

Address Berwyn, Mo. Date signed 9/29/47

RECEIVED
District Health Officer No. 10
District File Number 12-47-136
Date Filed OCT - 7 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. ~~3037~~,
working under my personal supervision.

Signed Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Shrewsbury, Ind.

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.