

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13917  
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26  
 (b) Township Salt River Primary Registration District No. 3002  
 (c) City Mexico MO (d) Street No. Audrain Hospital St. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence G. Spratt 163

(a) Residence, No. unknown (Transient) St. MO  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unknown  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 65

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carnival  
 9. Industry or business in which work was done, as saw mill, bank, etc. Worker  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME X

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown X

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) None  
Unknown

18. BURIAL, CREMATION, OR REMOVAL Supulpa Oklahoma DATE 5-4, 1938

19. FUNERAL DIRECTOR H A Precht & Son  
(ADDRESS) Mexico Mo.

20. FILED 4-30, 1938 B. Plancha Healy  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1938, to 4-28-38, 1938.  
 I last saw him alive on 4-28-38 Death is said to have occurred on the date stated above, at 1:15 P.M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Embolage  
of 2. in 1  
 Date of onset 4-28-38

Other contributory causes of importance:  
General Arterial Sclerosis  
Hypertension

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify (Signed) A. Hamilton, M. D.  
 (Address) Mexico Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Earl E. Precht*

Licensed Embalmer No. 3189

**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.)**