. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21839

State File No.

Registration District No. 352 Primary Registration District No. 5494 Registrar's No. 12

1. PLACE OF DEATH:

(a) County Henry Bear Creek Mo

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

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

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

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

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

(e) If foreign born, how long in U. S. A.? years.

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3. (a) PRINT FULL NAME David D Spurgeon

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased October (Month) 29 (Day) 1867 (Year)

8. AGE: Years 73 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Livestock Raising & Farming

FATHER
12. Name David W. Spurgeon
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna
15. Birthplace ✓ ✓ ✓ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs David Spurgeon
(b) Address Montrose

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16-40 (Month) (Day) (Year)
(c) Place: burial or cremation Bear Creek

18. (a) Signature of funeral director Lee & Welling
(b) Address Montrose Mo

19. (a) 6-16-40 (Date received local registrar) (b) W. E. Baggerly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1940 hour 12 minute 30 P M.

21. I hereby certify that I attended the deceased from June 9, 1940, to June 14, 1940; that I last saw him alive on June 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to 94 P

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.

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

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23. Signature [signature] (M. D. or other) Mo
Address Appleton City, Mo Date signed 6-14-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-40-1020
Date Filed 7-9-40

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 me on the 14th day of June 1940, Registered Apprentice No. ..... working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1299

P. O. Address Appleton City

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, above space should be left blank.