

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38496

Registration District No. 204

Primary Registration District No. 3013

Registrar's No. 43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD—FILED DEPT. OF HEALTH

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron, Mo
(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 _____ years, months or days 2

3. (a) PRINT FULL NAME GILFORD A SPRAGG
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Ruby 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 2 4 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Kings Co. New Brunswick
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic
11. Industry or business 10

12. Name John Spragg
13. Birthplace Kings Co. New Brunswick
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Harding
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Day
(b) Address Negreple mo

17. (a) Burial (b) Date thereof 11-15-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Delano, Mo

18. (a) Signature of funeral director C. W. Moore
(b) Address Cameron, Mo

19. (a) Nov 14 1940 (b) C. W. Riley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. North Walnut
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 13
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from 11-8-40, 1940, to 11-12, 1940
that I last saw him alive on 11-12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy cerebral hemorrhage
Due to pernicious anemia
Due to _____
Other conditions None
(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? 105
While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature C. W. James (M. D. or other) DO
Address Cameron Mo Date signed 9/14/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

C. Moore

Licensed Embalmer No.

1180

P. O. Address

Cameron, 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.