S. No. 2
—4-13-40
7. 5-17-39
I X23

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 6961

Registrar's No. 150

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Ash Grove 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? / years.

3. (a) PRINT FULL NAME Spake - Laura Ann.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex f.
5. Color or race W.
6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married
6. (b) Name of husband ~~or wife~~ Joseph Spake
6. (c) Age of husband ~~or wife~~ if alive 67 years
7. Birth date of deceased Mar (Month) 17 (Day) 1874 (Year)

8. AGE: Years 66 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Ash Grove, (City, town, or county) O Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Jake L. Perryman
13. Birthplace Unknown (City, town, or county) O Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Looney.
15. Birthplace Greene Co. (City, town, or county) O Mo. (State or foreign country)
16. (a) Informant Dr. Orr
(b) Address Ash Grove Mo.
17. (a) Ash Grove. (Burial, cremation, or removal) (b) Date thereof 2/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Ash Grove Mo.
18. (a) Signature of funeral director Jesse A. Brinkley
(b) Address Walnut Grove Mo.
19. (a) 2-21-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21 year 1941 hour 2 minute 05 P.M.
21. I hereby certify that I attended the deceased from Feb 10 1941, to Feb 21 1941; that I last saw her alive on Feb 20 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobar — Duration 10 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Preceded by an acute cholecystitis. The presence or absence of stones
Major findings: Of operations
Of autopsy was undetermined

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
23. Signature Guy H. Callaway M.D. or other
Address Springfield Date signed 2/22/41

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1945

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Ridge 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.