DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14049

State File No.

Registration District No. 89 Primary Registration District No. 5131 Registrar's No. 160

1. PLACE OF DEATH:

(a) County BUTLER

(b) City ~~or town~~ RURAL ~~Poplar Bluff~~ MO
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER

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

(d) Street No. 4 Mi W. POPLAR BLUFF MO
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN SPRADLING

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased MAY (Month) 9 (Day) 1872 (Year)

8. AGE: Years 68 Months 10 Days 26 If less than one day hr. min.

9. Birthplace BUTLER Co (City, town, or county) MO (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name DOSS SPRADLING
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name REBECCA PORTER
15. Birthplace (City, town, or county) ALA (State or foreign country)

16. (a) Informant's own signature Claude Spradling
(b) Address Gen Del Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Apr 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Dickey Cem

18. (a) Signature of funeral director N. T. Phelps
(b) Address Poplar Bluff Mo

19. (a) 4/11/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th year 1941 hour 8:10 minute P M.

21. I hereby certify that I attended the deceased from 3-28, 1941 to 4-5, 1941 that I last saw him alive on 4-5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Insufficiency	
Chronic Prostatitis	
Due to Chronic Choleocystitis	
Due to Chronic Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131 P

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 S. H. Pelay MD (M. D. or other)
Address Poplar Bluff Mo Date signed 4/8/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 2,
District File Number 541-625
Date Filed 5/14/41

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 N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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, above space should be left blank.