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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31291

Registration District No. 135 Primary Registration District No. 3010 Registrar's No. 100

1. PLACE OF DEATH:

(a) County CARROLL

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

(c) ~~Name of~~ hospital or institution: BENSON HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ~~CARROLL~~ Lafayette 54

(c) City or town ~~CARROLLTON~~ 0
(If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ Hodge 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME ALVA EILENE SPRAGUE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

~~6. (b)~~ Name of husband or wife PAUL SPRAGUE

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased JUNE (Month) 2 (Day) 1921 (Year)

8. AGE:

Years	Months	Days	If less than one day
20	3	21	hr. min.

9. Birthplace LITTLE SIOUX IOWA 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ✓

FATHER
12. Name EDGAR HAYES ALTON
13. Birthplace LITTLE SIOUX IOWA 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE CARLSON
15. Birthplace MANKATO MINN 1
(City, town, or county) (State or foreign country)

16. (a) Informant E. H. ALTON
(b) Address LITTLE SIOUX IOWA

17. (a) DOVER (Burial, cremation, or removal) (b) Date thereof SEPT 25 1941 (Month) (Day) (Year)
(c) Place: burial or cremation DOVER CEMETERY

18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORD (N) MO

19. (a) 9-24-41 (Date received local registrar) (b) Ruth Haskins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 23
year 1941 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 19, 19__, to Sept 23, 19__;
that I last saw her alive on Sept 23, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis from Acute Appendicitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

121.1

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 R. W. Benson (M. D. or other)
Address Cincinnati MO Date signed Sept 24 '41

(Licensed Embalmer's Statement on Reverse Side)

EIVED
ot Health Officer No. 8,
File Number 10-14-41
ed

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

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31291

Registration District No. 135 Primary Registration District No. 3010 Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Carroll
(b) City or town: Carrollton
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alva E. Sprague
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive: 23 years
7. Birth date of deceased: June (Month) 2 (Day) 1921 (Year)
8. AGE: Years 20 Months 3 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 9-24-41 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 13 year 1941 hour P.M. minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Peritonitis from	
Due to: Acute Appendicitis	
Due to: Ruptured appendix	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 121:1

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-31291 1941