

Registration District No. 9

Primary Registration District No. 5138

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Braymer, (Davis twnd rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 52 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell / 3
 (c) City or town Braymer (Davis Twn.) / 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. ? _____ years. 0

3. (a) PRINT FULL NAME Ruban A. Sprouse
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 30th
 year 1941 hour 6 minute 0 p.m.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mable Sprouse
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased. Jan. 16th, 1889
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on dead _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
52 9 14 hr. _____ min.

Immediate cause of death Accidental death
thrusting down and killed
by steel cattle while feeding
 Due to Injuries by cattle
 Due to _____

9. Birthplace New Port / Tenn
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions none 1958
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 11. Industry or business _____
 12. Name Alfred Sprouse
 13. Birthplace Spartensburg, / So. Cal.
 (City, town, or county) (State or foreign country)
 14. Maiden name Amanda Hall
 15. Birthplace New Port, / Tenn
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations none 3
 Of autopsy None. Viewed by
Croner

16. (a) Informant Mrs. Rubon Sprouse
 (b) Address Braymer, Mo
 17. (a) Burial (b) Date thereof 11-2-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Evergreen Cem
 18. (a) Signature of funeral director Bernard F. Meach
 (b) Address Braymer Mo
 19. (a) Nov. 1, 1941 (b) H. Patterson
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident / 13
 (b) Date of occurrence Oct. 30 - 1941
 (c) Where did injury occur? In barn, Caldwell Co Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In barn
 While at work? yes (Specify type of place) (e) Means of injury By tractor
 23. Signature E. Thompson (M. D. or other)
 Address Fredericks, Md Date signed 11-1-41

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

300

NOV 22 1941

SEP 27 1955

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 *Bernard F. Mead*
Licensed Embalmer No. *2801*
P. O. Address *Praymer Me*

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.