

FILED NOV 13 1942

Registration District No. 295

Primary Registration District No. 7442

Registrar's No. 65-

88
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee Mo. City
(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 68yrs 2mo 23da. (Specify whether years, months or days)
In this community 68yrs 2mo 23da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME May William Spurling

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 9
6. (b) Name of husband or wife Maud Spurling 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased July 7 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 23 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Thomas Spurling
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Lucy Brockman
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maud Spurling
(b) Address Higbee Mo

17. (a) Burial (b) Date thereof Oct 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Higbee Mo

18. (a) Signature of funeral director #1111 Joe W Burton
(b) Address Higbee Mo

19. (a) 10-7-42 (b) Man P. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1942 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 15 1942 to Sept 30 1942
that I last saw him alive on Sept 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-renal vascular disease

Due to: Diabetes Mellitus

Other conditions: 61
(Include pregnancy within 3 months of death)

Major findings: 61
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature Bob ... (M.D. or other)
Address Higbee Date signed 10-2-42

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

RECEIVED
District Health Officer No. 10
District File Number 11-42-2044
Date Filed NOV -9 1947

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 *E. W. Grimouth*
Licensed Embalmer No. 3978
P. O. Address Glasgow 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.