

FILED JUN 15 1943 7

Primary Registration District No. **5079**

Registrar's No. **35**

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

1. PLACE OF DEATH:  
 (a) County **BATES - R+DURICH-MO-**  
 (b) City or town **SPRUE TOWNSHIP**  
 (If outside city or town limits, write "RURAL," and name of township)  
 (c) Name of hospital or institution: **1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **24-years-**  
 years, months or days)

3. (a) PRINT FULL NAME **WILLIAM SPEARS**  
 3. (b) If veteran, name war **X**  
 3. (c) Social Security No. **X**

4. Sex **MO** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **MARRIED**  
 6. (b) Name of husband or wife **DOLLIE**  
 6. (c) Age of husband or wife if alive **71** years  
 7. Birth date of deceased **OCT 22 1869**  
 (Month) (Day) (Year)

8. AGE: Years **73** Months **6** Days **29**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **BATES CO MO-** (City, town, or county) (State or foreign country)

10. Usual occupation **FARMER-**

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name **JAMES W SPEARS**  
 13. Birthplace **KY-** (City, town, or county) (State or foreign country)  
 14. Maiden name **MARY HUNT-**  
 15. Birthplace **KY-** (City, town, or county) (State or foreign country)

16. (a) Informant **RUSSELL SPEARS**  
 (b) Address **BUTLER MO-**

17. (a) **BURIAL** (b) Date thereof **5-21-43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Oakhill**

18. (a) Signature of funeral director **Booth's**  
 (b) Address **Butler, Missouri**

19. (a) **5-21-43** (b) **Pauline Crompton**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **MO** (b) County **Bates**  
 (c) City or town **RFD Urich Mo-**  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **MAY** day **19**  
 year **1943** hour **11** minute **A** 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.

Immediate cause of death **Coronary Occlusion**  
 Duration **30 min.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) **9/4**

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy **none**  
 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? **yes** (Specify type of place) (e) Means of injury **Bates Co**  
 23. Signature **John G. Underwood** (City, town, or county)  
 Address **Butler Mo** Date signed \_\_\_\_\_

1306

5-21-43

RECEIVED

District Health Officer No. 7,

District File Number 3-43-492

Date Filed 6/8/43

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 John G. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler Two

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.