V. S. No. 2
30M—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25516

State File No.

Registration District No. 213 Primary Registration District No. 5-781 Registrar's No. 81

66
0
0

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Brumley (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 92 years 3 mo. 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

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

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cynthia Frances Spearman

3. (b) If veteran, name war

3. (c) Social Security No. X

4. Sex 7

5. Color or race W.

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

6. (b) Name of husband or wife Zebadee Spearman

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

7. Birth date of deceased March (Month) 16 (Day) 1851 (Year)

8. AGE: Years 92 Months 3 Days 28 If less than one day hr. min.

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

10. Usual occupation Teacher (Retired)

11. Industry or business

FATHER 12. Name Presley Hawkins

13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Sarepta McCubbins

15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant C. R. Hawkins

(b) Address Brumley, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-43 (Month) (Day) (Year)

(c) Place: burial or cremation Brumley Mo

18. (a) Signature of funeral director O. L. Carey

(b) Address Ibenia, Mo.

19. (a) 7-17-43 (Date received local registrar) (b) J. R. Hunsinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1943 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from May 2nd, 1943, to July 14th, 1943, that I last saw him alive on July 2nd, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Skin Carcinoma - Left side of neck just behind angle of Jaw.	1941
Due to	
Due to	
Other conditions: none (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

53

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 Myron D. Jones (M. D. or other) MD

Address Brumley, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 43-64
Date Filed 8-6-43

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 C L Casey

Licensed Embalmer No. 2694

P. O. Address Iberia 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.