S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3253

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 11

19
2
5

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution Freeman Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hour (Specify whether

In this community 23 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 3015 Joplin (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Maurice P. Spriggs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec (Month) 5 (Day) 1871 (Year)

8. AGE: Years 72 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business Retired

FATHER
12. Name Thomas R. Spriggs
13. Birthplace Washington Co (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Lawrence Anna Carling
15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Agnes Nadine Spriggs

(b) Address 3015 Joplin St Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo.

19. (a) 1-8-44 (Date received local registrar) (b) Gertrude Sudhoff (Registrar's signature)

12 44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1944 hour 5:30 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on 1-3 , 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolus Coronary ~~Thrombosis~~	1-3-44
Due to Coronary Thrombosis + Angina Pectoris	1940
Due to Cardiac Dilatation	1940
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

94a

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 Walter Howard (M. D. or other)

Address Joplin Mo Date signed 1-8-44

(Licensed Embalmer's Statement on Reverse Side)

44-1-15

JUN 23 1948

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 Cecil A. Mombell

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.