S. No. 2
M—9-4-41
v. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

Registration District No. 373

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3911

State File No.

Primary Registration District No. 4545

Registrar's No. 65

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

12
6

1. PLACE OF DEATH:

(a) County Webster

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

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

(d) Length of stay: In hospital or institution x 1 (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Marshfield 1
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country x 11

3. (a) PRINT FULL NAME Anna Spriggs

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife x

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

7. Birth date of deceased July - 12 - 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	10	x hr. x min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Spriggs 1
(b) Address Marshfield, Missouri

17. (a) Removal (b) Date thereof 11 - 24 - 44
(~~Burial, cremation, or~~ removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Pea Ridge, Arkansas

18. (a) Signature of funeral director [signature]
(b) Address Marshfield, Missouri

19. (a) Dec 10-44 (b) Charlotte Bruce
(Date received local registrar) (Registrar's signature)

1344

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1944 hour 7 minute p. M.

21. I hereby certify that I attended the deceased from July 7, 1944, to Nov. 22, 1944;
that I last saw her alive on Nov. 21, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma, Uterus, with Metastasis to Abdominal Area.	Year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

48

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 C. P. Macdonnell (M. D. or other) M.D.
Address Marshfield, Mo Date signed 11/23/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1H3
Date Filed JAN 22 1945

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 Lex Ramey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.