

No. 2  
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5-17-39  
1 X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13743

State File No. \_\_\_\_\_

Registration District No. 175

Primary Registration District No. 4276

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:  
West Pierce City 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Pierce City 4  
(If outside city or town limits, write "RURAL")

(d) Street No. 701 Walnut 0  
(If rural, give location)

(e) Citizen of foreign country? no 0  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Oscar Sprimes

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28<sup>th</sup>  
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from July 17  
1945 to Feb. 28<sup>th</sup> 1946.  
that I last saw him alive on Feb. 28 1946.  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced M /

6. (c) Age of husband or wife if alive 73 years  
(Day) (Year)

7. Birth date of deceased 3 7 1871  
(Month) (Day) (Year)

Immediate cause of death Angina pectoris Duration 4 days.

8. AGE: Years Months Days If less than one day

74 11 23 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Anna, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Miller

11. Industry or business Pierce City Milling Co.

12. Name Stanley Eli Sprimes

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

14. Maiden name Phoebe Jane Hall

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Herman Sprimes

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof 3 3 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Cemetery

18. (a) Signature of funeral director Wm J. Wessell

(b) Address Pierce City Mo.

19. (a) 3/3/46 (b) Oris McMatt  
(Date received local registrar) (Registrar's signature)

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 Charles J. Moore (M. D. or other) 2-00  
Address Pierce City, Mo Date signed 3/1/46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 446-447

Date Filed APR 15 1946

REC 14 1946

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..... Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.