. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16130

State File No.

FILED JUN 27 1946

Registration District No. 8 27

Primary Registration District No. 3017

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Cooper

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

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

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community All of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

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

(d) Street No. 817 Third St.
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME Everett Spry

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Mamie Spry

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

7. Birth date of deceased February 15" 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Park Manager.

11. Industry or business Chouteau Springs, Mo.

FATHER
12. Name Shelton Spry.
13. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Wilson.
15. Birthplace Howard County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Spry.
(b) Address Boonville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30/1946
(Month) (Day) (Year)
(c) Place: burial or cremation Walnut Grove Cem.

18. (a) Signature of funeral director Goodman & Boller
(b) Address Boonville, Mo.

19. (a) May 30 46 (Date received local registrar) (b) Clay Morris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1946 hour 6 minute a.m.

21. I hereby certify that I attended the deceased from Dec 5, 1945 to May 24, 1946; that I last saw him alive on May 19, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene of left hand with secondary infection	6 wks
Due to: Buergers disease	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arthritis deformans	13 yrs
Arterial hypertension ?	

Major findings:
Of operations
Of autopsy

59K

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 [signature] (M. D. or other) C. M. D.
Address Boonville, Mo. Date signed 5/30/46

71

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. [illegible]
District File Number
Date Filed 6-6-46

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville, 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.