S. No. 2
M—2-43
. 5-17-39
I X35627

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 21 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16348

State File No.

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: K.C.OS. Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1

(c) City or town Kirksville, 3 (If outside city or town limits, write "RURAL")

(d) Street No. 515 E. Mc Pherson St. 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Larry Richard Spray,

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 1, (Day) 1947. (Year)

8. AGE: Years Months Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Delbert Spray,
13. Birthplace Sullivan Co. (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Erma Brookhart,
15. Birthplace Lewis County (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Delbert Spray

(b) Address Kirksville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-47 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Gummers & Lange

(b) Address Kirksville Mo.

19. (a) 5-9-47 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3, year 1947. hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 1, 1947, to May 3, 1947 that I last saw him alive on May 3, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis of respiratory centers

Due to Icterus gravadenum

Due to Toxic condition of mother & premature

Other conditions Infant. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 2

23. Signature G W Taylor (M. D. or other) DO

Address Kirksville Mo Date signed 5-6-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-47-863
Date Filed MAY 20 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.