

S. No. 2
4-8-13
5-17-39
P. I. 237823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20480

State File No.

Registration District No. **FILED JUN 26 1947**

Primary Registration District No. **5403**

Registrar's No.

1. PLACE OF DEATH: **DOUGLAS**

(a) County **DOUGLAS**

(b) City or town **CLINTON TWP.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **About 3 years** (Specify whether years, months or days)

In this community. **About 3 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Douglas 34**

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

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

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **ADDIE LIVINA SPORTSMAN**

3. (b) If veteran, name war:

3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W**

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

6. (b) Name of husband or wife **ARTHUR SPORTSMAN**

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

7. Birth date of deceased **MAY 14, 1879**
(Month) (Day) (Year)

8. AGE: Years **68** Months **X** Days **10** If less than one day hr. min.

9. Birthplace **RUSSELVILLE ALABAMA**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business: **"**

12. Name **THOMAS HARDY RICHARDSON**

13. Birthplace **RUSSELVILLE ALA.**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY SCRUGES**

15. Birthplace **DON'T KNOW 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thosie Patrick**

(b) Address **Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Lopoka, Mo.**

18. (a) Signature of funeral director **J. C. Burns**

(b) Address **Willow Springs, Mo.**

19. (a) **7-2-47** (b) **Desta Buckman**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **24**
year **1947** hour **3:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **5-14-1947** to **5-24-1947**.
that I last saw h **er** alive on **5-23-1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **1 wk.**

Due to:

Due to:

Other conditions **Carcinoma of left Breast.** **6 mos.**
(Include pregnancy within 3 months of death)

Major findings: **50**

Of operations:

Of autopsy:

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?

While at work? (Specify type of place)

(e) Means of injury **5**

23. Signature **J. C. Callahan** (M. D. number) **5**

Address **Willow Springs, Mo.** Date signed **5-26-47**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

X

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.....
Thomas R. Burns

Licensed Embalmer No. *4214*

P. O. Address *Willow Springs, N.C.*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *July**27*Registration District No. *101*Primary Registration District No. *5403*Registrar's No. *27*

1. PLACE OF DEATH:

- (a) County *Douglas*
 (b) City or town *Bural*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(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 days3. (a) PRINT FULL NAME *Addie L. Sportsman*

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *wid*

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
 13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

16. (a) Informant _____
 (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) _____
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
 (b) Address _____

19. (a) *July 2-47* (b) *Vestel Bushman*
 (Date received local registrar) _____ (Registrar's signature) _____

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19 _____;

that I last saw him/her alive on _____, 19 _____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

S-20450