

LEST NOV 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35938
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 400
 (b) Township Home Primary Registration District No. 555302 Registered No. 226
 (c) City _____ (d) Street No. Jackson County Home St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

Walter Spencer
 (a) Residence, No. Jackson County Home St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-18-1853
 7. AGE YEARS 83 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Accountant
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England, U
 FATHER 13. NAME Unknown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1938
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to 10-16-38, 1938
 last saw him _____ alive on _____, 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Senile debility
 Date of onset _____
 Other contributory causes of importance: 162

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. W. Green, M. D.
 (Address) 312

17. INFORMANT E. Jackson
 (ADDRESS) 573 County Home
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE R. B. Dental Co. DATE Oct 13, 1938
 19. FUNERAL DIRECTOR (NAME) Walter Spencer
 (ADDRESS) Home
 20. FILED 11-5-38 1938 William J. Filer
 Local Registrar.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.