

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

42974
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
 (b) Township _____ Primary Registration District No. 3009 Registered No. 428
 (c) City Cape Girardeau (d) Street No. St. Francis Hospital 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

John Spence Sr.
 (a) Residence, No. Morehouse Mo. St. Morehouse, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Effie Spence
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/16/1862
 7. AGE YEARS 77 MONTHS 1 DAYS 12 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Milling
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Shady Grove 1
 (STATE OR COUNTRY) Kentucky

FATHER 13. NAME Samuel Spence 9
 14. BIRTHPLACE (CITY OR TOWN) Unknown 9
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mildred Elizabeth Stallions
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT J.A. Spence Jr.
 (ADDRESS) Morehouse Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE 12/31/39 19

19. FUNERAL DIRECTOR (NAME) Hunter Albritton
 (ADDRESS) Sikeston Mo. 121

20. FILED 12-28-39 in Company Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/39 19
 22. I HEREBY CERTIFY, THAT I attended deceased from Sept 20 1939, to Dec 28 1939
 I last saw him alive on Dec 28 1939. Death is said to have occurred on the date stated above, at 6:00 P. M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Left ear Date of onset 1920
5 2

Other contributory causes of importance: arterio sclerosis

Name of operation Radical Plastic of Face Date of Sept 1939
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) A. M. Davis M. D.
 (Address) Morehouse, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should 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.