DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5754

Registration District No. 11 FILED MAR 15 1940 Primary Registration District No. 4008 Registrar's No. 27

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution: 2
(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 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Laura Spicer

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

6. (b) Name of husband or wife W. W. Spicer

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

7. Birth date of deceased Oct (Month) 26 (Day) 1851 (Year)

8. AGE: Years 88 Months 3 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name John Dowell
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Sherman Spicer
(b) Address Fillmore Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 19 (Day) 1940 (Year)
(c) Place: burial or cremation Fillmore Mo

18. (a) Signature of funeral director E. C. Breit
(b) Address Savannah Mo

19. (a) 2-19-40 (Date received local registrar) (b) J E Barnes Dept Reg (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 1940 hour 12 minute 5 A M.

21. I hereby certify that I attended the deceased from May 18, 1939, to Feb - 15, 1940; that I last saw her alive on Feb - 13, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma T. B.	No Fact
Due to	
Due to 46	
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? _____ (Specify type of place)

While at work? ✓ (e) Means of injury _____

23. Signature M. L. Holliday (M. D. or other) M.D.

Address Fillmore Mo Date signed 2-19-40

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
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RECEIVED
District Health Officer No. 11,
District File Number 340-32-2
Date Filed MAR 13 1940

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 E. C. Brett

Licensed Embalmer No. 2650

P. O. Address Savannah 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, above space should be left blank.