

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHRegistration District No. 557Primary Registration District No. 3079

## 1. PLACE OF DEATH:

- (a) County Marion  
 (b) City or town Marion  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1915 Gordon St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether

In this community...  
years, months or days3. (a) PRINT FULL NAME Robert Spencer <sup>156</sup>

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if7. Birth date of deceased Aug 18 1865  
(Month) (Day) (Year)8. AGE: Years 74 Months 6 Days 25 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

## 11. Industry or business

12. Name Robert Spencer13. Birthplace Ireland (City, town, or county) \_\_\_\_\_ (State or foreign country)14. Maiden name Katherine Conroy15. Birthplace Ireland (City, town, or county) \_\_\_\_\_ (State or foreign country)16. (a) Informant's own signature Chas Spence(b) Address Palmyra, Mo17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 40 (Month) (Day) (Year)(c) Place: burial or cremation Palmyra Mo18. (a) Signature of funeral director Wm. C. Gresham(b) Address Marion Mo19. (a) 3-18-40 (Date received local registrar) (b) W. C. Gresham (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Marion  
 (c) City or town Marion  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1915 Gordon St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/13/40 day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 9:40 AM

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

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis 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) (a) Means of injury \_\_\_\_\_

23. Signature Wm. C. Gresham (M. D. or other) \_\_\_\_\_Address Marion Mo Date signed \_\_\_\_\_

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**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..... *Michael J. O'Donnell* .....

Licensed Embalmer No. *3246* .....

P. O. Address..... *Hannibal 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.**