No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14303

MAY 13 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 389

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

1. PLACE OF DEATH:

(a) County Buchanan,

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

(c) Name of hospital or institution:
1207½ South 33rd. Street, 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 6 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,

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

(d) Street No. 1207½ South 33rd. Street,
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Ellen Spencer

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Abraham S. Spencer,

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased February 23, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	1	10	hr. min.

9. Birthplace Cosby, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER
12. Name Elliott McDaniel, /
13. Birthplace Unknown, South Carolina
(City, town, or county) (State or foreign country)

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

16. (a) Informant Abraham S. Spencer
(b) Address 1207½ So. 33rd. Str.

17. (a) Burial (b) Date thereof 4/5/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Chapel Cem.

18. (a) Signature of funeral director Healon-Bilsal Bowman Funeral
(b) Address 319 So. 10th. Str. Home

19. (a) Apr. 5, 1940 (b) H. J. Nestlebush VN
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd.
year 1940 hour 3:00 minute 30 a M.

21. I hereby certify that I attended the deceased from Fe/37, 19__, to Ap 3/40, 19__;
that I last saw h ER alive on Mar 27/40, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
arteriosclerosis
General debility

Due to Confined to bed two years.

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy no

Duration

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)

85

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

23. Signature F G Thompson ✓ (M. D. or other)

Address 825 Charles Date signed Ap 5/40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm E. Summerfield

Licensed Embalmer No. 5007

P.O. Address 319 So 10 St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.