

1-40
-39
K23159

Registration District No. **607**

Primary Registration District No. **4361**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Portageville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community **Life** _____ (Specify whether _____)
years, months or days **7**

3. (a) PRINT FULL NAME **Harold C. Spencer**
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 **married**
6. (b) Name of husband or wife **Pauline Spencer** 6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **May 20, 1911**
(Month) (Day) (Year)

8. AGE: Years **29** Months **5** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Portageville Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **gin worker**

11. Industry or business _____

12. Name **Henry Spencer**

13. Birthplace **General**
(City, town, or county) (State or foreign country)

14. Maiden name **Sula Adams**

15. Birthplace **Robertson Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ben Weather**

(b) Address **Portageville Mo**

17. (a) **Burial** (b) Date thereof **11-18-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Portageville Cemetery**

18. (a) Signature of funeral director **H. J. Ash Funeral Parlor**
(b) Address **Portageville Mo**

19. (a) **12-2-1940** (b) **J. W. Cook**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Portageville Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **18**
year **1940** hour **3:15** minute **3:15** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Caught in shaft of gin - x body head to pieces** Duration _____

Due to _____
Due to **205**

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

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? _____

(e) Means of injury **5**
While at work? _____ (Specify type of place)

23. Signature **R. A. Richards Jr** (M. D. or other) **5**
Address **new Madrid Mo** Date signed **11-18-40**

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

FILED DEC 11 1940

APR 19 1948

RECEIVED

District Health Officer No. 2,

District File Number 1240-176

Date Filed 12/4/40

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.