

JAN 13 1941

Registration District No. **230**

Primary Registration District No. **5312**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County **Crawford**
 (b) City or town **Rural, Benton Township**
(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 **79**
(Specify whether years, months or days)
 In this community **79**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **19th** day **January**
 year **1940** hour **12** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Jan 16**, 19**40** to **Jan 19**, 19**40**
 that I last saw her alive on **Jan 16**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Cardiovascular renal
 Due to _____
 Duration **3 1/2**

Other conditions:
(Include pregnancy within 3 months of death)
121

Major findings:
 Of operations _____
 Of autopsy _____
 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)
 (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
 Address **Crawford Mo.** Date signed **Jan 19 1941**

3. (a) PRINT FULL NAME **Sarah Elizabeth Spencer**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **James J. Spencer** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **May 5th** **1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	8	14	hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Walls**

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

14. Maiden name **Judith Johnson**

15. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Nellie Agnes Snider**

(b) Address **Cuba Missouri**

17. (a) **Rural** (b) Date thereof **Jan. 21st '40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fleming**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Cuba, Mo.**

19. (a) **Jan 20 1941** (b) **G. G. A. Herzog**
(Date received local registrar) (Registrar's signature)

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

Rev. 5-17-39

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. *3643*
P. O. Address..... *Cuba, 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.