

No. 2
-13-40
17-39
X23159

REC'D FEB 14 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 1550

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
308 1/2 Monroe Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 28 years
(years, months or days)

3. (a) PRINT FULL NAME Agnes Elizabeth Spencer

3. (b) If veteran, name war _____ 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 Chas A. Spencer 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 23 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>10</u>	hr. _____ min. _____

9. Birthplace Darlington, Wisconsin /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

12. Name James Newton

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Spencer

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-4-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Episcopal Missouri

18. (a) Signature of funeral director Shop J. Saylor

(b) Address Jefferson City, Missouri

19. (a) 1-3-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Missouri 5
(If outside city or town limits, write "RURAL") X

(d) Street No. 308 1/2 Monroe Street
(If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from September 19, 1940, to January 2nd, 1941; that I last saw her alive on January 2nd, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Injury of lung L.T. (Chl?)

Due to Broncho-Pneumonia Bilat.

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

Of autopsy no autopsy

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. H. Rauha (M. D. or other) D
Address Jefferson City, Mo Date signed 1/3/41

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

Thorp J Gordon

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City 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, fact should be so stated above.