

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

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!

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 6437  
Registrar's No. 69

Registration District No. 89

Primary Registration District No. 5131

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Fisk  
(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 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME William D. Spicer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Belle Spicer 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 28 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>3</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

12. Name dont know

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

14. Maiden name dont know

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

16. (a) Informant's own signature Stella Fitzgarral

(b) Address Fisk, Missouri

17. (a) burial (b) Date thereof Feb. 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Duddey, Missouri

18. (a) Signature of funeral director Marshall Shain

(b) Address Fisk, Missouri

19. (a) 2/16/41 (b) Kate Lutz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Fisk  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15  
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 20, 1940, to Feb 15, 1941  
that I last saw him alive on Feb. 14, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Inferential Nephritis Duration 1 yr

Due to Dont Know

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) (e) Means of injury \_\_\_\_\_

23. Signature J.P. Tarpley (M. D. or other) \_\_\_\_\_

Address Fisk Date signed Feb 16-1941

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**