

MAR 19 1941  
Registration District No. 09

Primary Registration District No. 4363

Registrar's No. 23

1. PLACE OF DEATH:  
(a) County Newtown  
(b) City or town Neosho  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 2 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newtown  
(c) City or town Neosho  
(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.

3. (a) PRINT FULL NAME THOMAS WILLIAM SPENCE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida Bell Spence 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 18 1858  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>82</u>	<u>5</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_  
12. Name John William Spence  
13. Birthplace not known  
(City, town, or county) (State or foreign country)  
14. Maiden name Malinda Gatter  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ida Bell Spence  
(b) Address Neosho Mo

17. (a) Buried (b) Date thereof March 1 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelgreen Cem

18. (a) Signature of funeral director Wm. H. Jones  
(b) Address Wheeler St

19. (a) 3-3-41 (b) Mark Salvo  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27  
year 1941 hour 7 minute 40 M.  
21. I hereby certify that I attended the deceased from Jan  
1940 to Feb 27 1941;  
that I last saw him alive on Feb 20 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Diabetic malitia  
Due to \_\_\_\_\_  
Other conditions: Senile  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
Yes  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature C. E. Manera (M. D. or other) \_\_\_\_\_  
Address Neosho Mo Date signed 3-3-41

Duration \_\_\_\_\_  
4 yrs.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No. 6,

District File Number

341-410

MAR 10 1947

Date Filed

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.....

*Wm. Marcus Rague*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Wm. Marcus Rague*

Licensed Embalmer No.....

38429

P. O. Address.....

*Wheaton 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.