

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 117

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution Callaway Co. Hospital
(If not in hospital or institution, write street number or location)

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

In this community Lifetime
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway ¹⁴

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. About one mile west Dalton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Edd S Pencer

3. (b) If veteran, name war no

3. (c) Social Security No. 499-03-4179

4. Sex M ⁰ 5. Color or race W

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife D.K.

6. (c) Age of husband or wife if alive D.K. years

7. Birth date of deceased July 2 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 9 9 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Hugh Spencer

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

14. Maiden name Anna Summers

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

16. (a) Informant Mrs. Frank Hereford

(b) Address Dalton, Mo.

17. (a) burial (b) Date thereof April 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Hill Cemetery

18. (a) Signature of funeral director Geo. H. Wallace

(b) Address Dalton, Mo.

19. (a) 4/12/41 (b) R. N. Creble
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1941 hour 9 minute 9 M.

21. I hereby certify that I attended the deceased from April 6
1941 to April 11 1941;
that I last saw him alive on April 11 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic fever
Pulmonary congestion

Due to Inflammatory Rheumatism
of one week's duration

Due to _____

Other conditions (Includes pregnancy within 3 months of death)

586

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 R. N. Creble (M. D. or other) OMP.
Address Dalton, Mo. Date signed 4-12-41

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harold J. Christey*.....
Licensed Embalmer No. *40026*.....
P. O. Address..... *Dulton, 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.