

No. 2  
4-13-40  
-17-39  
I X23159

APR 14 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16150

State File No. \_\_\_\_\_

Registration District No. 873

Primary Registration District No. 6158

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Vernon  
 (a) County \_\_\_\_\_  
 (b) City or town RURAL VIRGIN TWP  
 (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 \_\_\_\_\_  
 years, months or days \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED: 108  
 (a) State Missouri (b) County Vernon  
 (c) City or town RURAL  
 (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.

3. (a) PRINT FULL NAME CHARLES F SPENCER  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 2  
 year 1941 hour 6 minute 0 P. M.  
 21. I hereby certify that I attended the deceased from March 9<sup>th</sup>  
9<sup>th</sup>, 1941, to April 2, 1941;  
 that I last saw him alive on March 29, 1941;  
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White  
 6. (a) Single, widowed, married, divorced, married  
 6. (c) Age of husband or wife if alive 47 years  
 7. Birth date of deceased Oct 28 1884  
 (Month) (Day) (Year)

Immediate cause of death Chronic myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

8. AGE: Years 56 Months 5 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Stockton Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
 11. Industry or business \_\_\_\_\_  
 12. Name Albert Spencer  
 13. Birthplace Ills 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Harper  
 15. Birthplace Ills 1  
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Susie Spencer  
 (b) Address P. O. Box 200 Springs  
Bural  
 17. (a) \_\_\_\_\_ (b) Date thereof 4-3-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cowby, Country Club  
 18. (a) Signature of funeral director Wynn Siders  
 (b) Address Edwards Springs  
 19. (a) April 2 1941 (b) M. J. Winkler  
 (Date received local registrar) (Registrar's signature)

23. Signature A. Dawson (M. D. or other)  
 Address Edwards Springs Date signed 4-2-41

(Licensed Embalmer's Statement on Reverse Side)

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

8  
0  
0

RECEIVED

District Health Officer No. 7,

District File Number 6-41-853

Date Filed 5-12-41

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.....

..... Licensed Embalmer No. 2034

P. O. Address E. J. ...

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.