. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28280

Registration District No. 316 Primary Registration District No. 4191 Registrar's No.

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

39
1
6

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove Mo.
(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 years, months or days)
In this community 27 years

2. USUAL RESIDENCE OF DECEASED: 039

(a) State Missouri (b) County Greene 1

(c) City or town Ash Grove 0
(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 Clark Spencer

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race white

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

6. (b) Name of ~~husband~~ or wife Bess

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

7. Birth date of deceased 4 (Month) 1 (Day) 1867 (Year)

8. AGE: Years 74 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Groceries

FATHER
12. Name Samuel A. Spencer
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jo Ann White Comb
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Sam Spencer
(b) Address Ash Grove Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Ash Grove Mo.

18. (a) Signature of funeral director Monnie Lemon
(b) Address Ash Grove Mo.

19. (a) 8-12-1941 (Date received local registrar) (b) Mrs Leonard Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 11 year 1941 hour 10 minute 30 P.M.

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

	Duration
Immediate cause of death: Respiratory Paralysis	
Due to chronic Interstitial nephritis Hypertension	3 yrs
Due to myocardial Degeneration	2 yrs
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none held	

PHYSICIAN

Underline the cause to which death should be charged statistically.

131B

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

23. Signature Charles H McCaffie (M. D. ~~or other~~) M.D.
Address Ash Grove Mo Date signed 8-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 41-9-94
Date Filed 9/12/41

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 G. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller 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.