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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1941

Registration District No. 86

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32793

Primary Registration District No. 6146

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Texas Co

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

(c) Name of hospital or institution: x /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 83

(c) City or town Rural Current Typ 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Glenn Andrew Spencer

3. (b) If veteran, name war x

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 Eula Shults Spencer

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Nov (Month) 1 (Day) 1913 (Year)

8. AGE: Years 27 | Months 10 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Texas Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation farmer

11. Industry or business x

FATHER
12. Name James A Spencer
13. Birthplace Phelps Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Bertha Gibbs
15. Birthplace Dent Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant James A. Spencer
(b) Address Montauk Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/41 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley Cem.

18. (a) Signature of funeral director Earl K. Spencer
(b) Address Salem Co

19. (a) 9-7-1941 (Date received local registrar) (b) Maggie E Murtice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1941 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from 8-19, 1941, to 9-3, 1941;
that I last saw him alive on 9-2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death typhoid fever - intestinal hemorrhage

Duration: app 17 days

Due to

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

23. Signature Jas. D. McNeil (M. D. or other) DO.
Address Salem Mo. Date signed 9-3-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 104 11997
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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 9320

P. O. Address Salem Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.