

No. 2  
-1-4-41  
-1-17-39  
K 26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42356

JAN 10 1942

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 177

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mt. Vernon, Mo. Sup  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 277 days  
(Specify whether  
In this community 277 days  
years, months or days)

3. (a) PRINT FULL NAME Zelma Margaret Spencer

3. (b) If veteran. X name war  
3. (c) Social Security No. X

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced S ( )  
6. (b) Name of husband or wife. X 6. (c) Age of husband or wife if alive Y years  
7. Birth date of deceased March 5, 1921  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 9 22  
hr. min.

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

10. Usual occupation Clerk

11. Industry or business

MOTHER FATHER { 12. Name Raymond Nathan Spencer  
13. Birthplace Rush Hill, Mo. O  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Edmiston  
15. Birthplace Waverly Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Dec 27-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico mo

18. (a) Signature of funeral director. Geo B Orr

(b) Address Mt. Vernon Mo

19. (a) 12-27-1941 (b) P. A. Palmer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4  
(c) City or town Mexico 1  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. X (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1941 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 3-25-41 19... to 19...  
that I last saw her alive on 12-27-41 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration About 2 1/2 yrs.

Due to...  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Major findings: 1381  
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 Charles E. Hellweg (M. D. or other) O  
Address Mt. Vernon, Mo Date signed 12/27/41

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

421

RECEIVED

District Health Officer No. 6,

District File Number 142-44

Date Filed JAN 6 1942

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**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 George B. Orr

Licensed Embalmer No. 946

P. O. Address Mr Vernon

**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.**