

FILED FEB 24 1942

Registration District No. 401

Primary Registration District No. 5556

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove (Rural)

(c) Name of hospital or institution: Vanburen Hosp
(If outside city or town limits, write "RURAL" and name of township)

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

In this community 20 yrs years, months or days

3. (a) PRINT FULL NAME Robert S Spencer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 19th 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Retired Farmer

12. Name Robert Spencer

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

14. Maiden name Roswell

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

16. (a) Informant Mr Ethel Drough

(b) Address Oak Grove Mo

17. (a) Burial (b) Date thereof Feb. 10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bagher Co. G.M.O.

18. (a) Signature of funeral director Wesley B. White Son

(b) Address Oliver Springs Mo

19. (a) Feb. 9, 1942 (b) Wesley B. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 8 mi S.W. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1942 hour 11 minute 33 P.

21. I hereby certify that I attended the deceased from 4-6-41 to 2-8-42 that I last saw him alive on 2-8-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy: normal

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 [Signature] (M. D. or other) _____

Address [Signature] Date signed 2/9/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. *2353*

P. O. Address: *Blue Springs, 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.