

FILED FEB 13 1942  
Registration District No. 1008

Primary Registration District No. 3020

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 913 Valley  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 Years  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. 913 Valley  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Addie Bell Spencer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female, 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased August 6 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>3</u>	-- hr. -- min.

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

10. Usual occupation Housework

11. Industry or business None

12. Name Sterling Carl Spencer

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

14. Maiden name Nancy Willis Smith

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

16. (a) Informant Miss Alice Spencer

(b) Address Lexington Missouri

17. (a) Burial (b) Date thereof Jan. 11-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Hill Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1298 S. Garrison

19. (a) Jan. 10, 1942 (b) E. J. M. Intine, M.D.  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 th  
year 1942 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Nov 8 1941 to Jan 8 1942  
that I last saw him alive on Jan 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Hypertension and arteriosclerosis

Other conditions none

Major findings: Of operations none

Of autopsy none

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) (Means of injury)

23. Signature George H. Wood (M. D. co-signer)

Address Carthage Mo Date signed 1/9/42

Duration Sudden death

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1167

**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 *Gene P. Pugh*

Licensed Embalmer No. *4231*

P. O. Address *Carthage, 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.**