S. No. 2
M—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 1532

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5480

State File No. 6428

Registrar's No. 29

1. PLACE OF DEATH

(a) County: Grundy

(b) City or town: R 70 #7, Trenton Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R 70 #7, Trenton, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)

In this community: 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Grundy

(c) City or town: Trenton Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R 70 #7
(If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: EFFIE M. SPENCER

3. (b) If veteran, name war: —

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Alfred

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

7. Birth date of deceased: March 25 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 28 If less than one day: hr. min.

9. Birthplace: Bradley County (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: None

FATHER
12. Name: Philip W. Hall
13. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Alice Jeannette
15. Birthplace: Jeanpalle (City, town, or county) Dickson (State or foreign country)

16. (a) Informant: Bladell H. Spencer
(b) Address: Trenton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Feb. 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Willow Cemetery

18. (a) Signature of funeral director: Alvin Irene Ann
(b) Address: Trenton, Mo.

19. (a) Feby 23, 1943 (Date received local registrar) (b) L. L. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1943 hour 1:05 minute A.M.

21. I hereby certify that I attended the deceased from Feby 1st 1943 to Feby 23rd 1943 that I last saw him alive on Feb. 1st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis — Duration: 1 year

Due to: Do not Know

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: [illegible] (M. D. or other)

Address: Trenton, Mo. Date signed: Feb. 23-43

1330 (Licensed Embalmer's Statement on Reverse Side)

Dr O T Duffy

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.