

FILED APR 14 1943

Registration District No. 77

Primary Registration District No. 3008

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

1. PLACE OF DEATH:

(a) County Callaway

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

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

(d) Length of stay: In hospital or institution Three days
(Specify whether in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. Three miles north NewBloomfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Henry Spencer

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 1
year 1943 hour 1 minute 30 AM.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Ellen Spencer

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased 10 15 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-25-1943 to 3-1-1943
that I last saw him alive on 3-1-1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>4</u>	<u>16</u>	hr. min.

Immediate cause of death Cardio-Renal-Vascular Disease

Due to Generalized Atherosclerosis

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

Due to 13/10

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

11. Industry or business

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Not known

13. Birthplace 1976
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace 1976
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Spencer

(b) Address NewBloomfield, Mo.

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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/2/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Prospect Cemetary

18. (a) Signature of funeral director Ray W. Holt

(b) Address NewBloomfield, Mo.

23. Signature George W. ... (M. D. or other)
Address Fulton, Mo. Date signed 3/1/43

19. (a) 3-2-43 (Date received local registrar)

(b) Joan M. ... (Registrar's signature)

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.....

Ray A. Holt

Licensed Embalmer No. 2605.....

P. O. Address New Bloomfield, Missouri.

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.