

S. No. 2
1-9-4-41
5-17-39
PI X29454

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14813

State File No.

FILED APR 30 1943

Registration District No. 193

Primary Registration District No. 5704

Registrar's No.

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

60
0
0

1. PLACE OF DEATH:

(a) County MCDona'd

(b) City or town Rural, Buffalo, TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 71, Years (Specify whether years, months or days)

In this community 71, Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MCDona'd

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

(d) Street No. Goodman MO, R. F. D. 1
(If rural, give location)

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

If yes, name country /

3. (a) PRINT Clement Henry Spencer
FULL NAME

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

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Florence Spencer 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: July 25th, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 8 4 hr. min.

9. Birthplace: MCDona'd County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming

11. Industry or business:

12. Name: Florence Spencer

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

14. Maiden name: Susan Nance

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

16. (a) Informant: Florence Spencer

(b) Address: Goodman MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-31-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Howard Cemetery

18. (a) Signature of funeral director: Chas W. Williams

(b) Address: Goodman, Mo.

19. (a) 4-10-43 (Date received local registrar) (b) Chas W. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
year 1943 hour 6 minute 45 p. M.

21. I hereby certify that I attended the deceased from Feb 26 1943 to Mar 28 1943
that I last saw h/LS alive on Mar 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration
apoplexy

Due to: 9.30

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

Major findings:
Of operations:
Of autopsy:

Duration
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: C. D. James (M. D. or other)
Address: Goodman Mo Date signed: 3/30/43

767

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

RECEIVED

District Health Officer No. 6,

District File Number 443-517

Date Filed 4-29-43

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.....

P. O. Address.....

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.