

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

REGISTRATION DISTRICT NO. 66
JUN 10 1943
JUN 10 1943

Primary Registration District No. 4116

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Chariton

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

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

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

3. (a) PRINT FULL NAME SARAH MARIA Spencer

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month May day 6 year 1943 hour 12 minute 15 P. M.

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Dec. 26 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 4, 1943 to May 5, 1943 that I last saw him alive on May 5, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>12</u>	hr. min.

Immediate cause of death Valvular Heart disease (Both Mitral & Aortic) Due to valves insufficient.

9. Birthplace Rochester Mills Pa. 1
(City, town, or county) (State or foreign country)

Due to Senility

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: 92d

12. Name Emerick Spencer

Of operations

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

Of autopsy.....

14. Maiden name Unknown

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Lee Spencer

(a) Accident, suicide, or homicide (specify).....

(b) Address Sumner, Mo

(b) Date of occurrence.....

17. (a) Burial (b) Date thereof 5/8/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur?..... (City or town) (County) (State)

(c) Place: burial or cremation Forest Hall R.C. Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

18. (a) Signature of funeral director J. H. Leisner
(b) Address Mendon Mo

While at work?..... (Specify type of place) (e) Means of injury.....

19. (a) May 6 1943 (b) Ruth Stoner
(Date received local registrar) (Registrar's signature)

23. Signature J. H. Leisner (M. D. or other) Sumner Mo Date signed 5/6/43

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed ~~6-6-43~~

6-9-43

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..... *L. L. Leopard*.....

Licensed Embalmer No. *3970*.....

P. O. Address..... *Mendon Md*.....

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.