

28786

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 208Primary Registration District No. 4320Registrar's No. 38

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Palmyra
 (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 2 yrs. (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Ella Motie Spence

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive 2 years
 7. Birth date of deceased Sept. 1st 1867
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 22 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Martain Day

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

14. Maiden name Sarah Christman

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

16. (a) Informant Mrs. Carl McPike(b) Address Palmyra Mo.

17. (a) Little Union (b) Date thereof 7-25-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union Cemetary18. (a) Signature of funeral director A. M. Sprague(b) Address Palmyra Mo.

19. (a) 7-24-43 (b) Thos. J. ...
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Palmyra
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
 year 1943 hour 12 minute PM.

21. I hereby certify that I attended the deceased from Jan 1 -
1943 to July 22, 1943
 that I last saw her alive on July 22, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration

3 3/4

Due to

Due to 930

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?

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

23. Signature T. A. ... (M. D. or other)Address Palmyra Mo. Date signed 7/24/43

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

MOTHER FATHER

16. (a) Informant Mrs. Carl McPike(b) Address Palmyra Mo.

17. (a) Little Union (b) Date thereof 7-25-1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Union Cemetary18. (a) Signature of funeral director A. M. Sprague(b) Address Palmyra Mo.

19. (a) 7-24-43 (b) Thos. J. ...
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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.....

Q. M. Sprague

Licensed Embalmer No.....

999

P. O. Address.....

Palmyra Co.

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.

Registration District No. 208

Primary Registration District No. 4320

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmira
(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 _____ (Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ella M. Spence

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 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 Sept 1 (Month) 1 (Day) 1902 (Year)

8. AGE: Years 75 Months 10 Days _____ (Unless than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmira, Mo.

19. (a) 7/24/43 (Date received local registrar) (b) Mrs. Margie Maddox (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day _____ year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to _____

Due to _____

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.

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

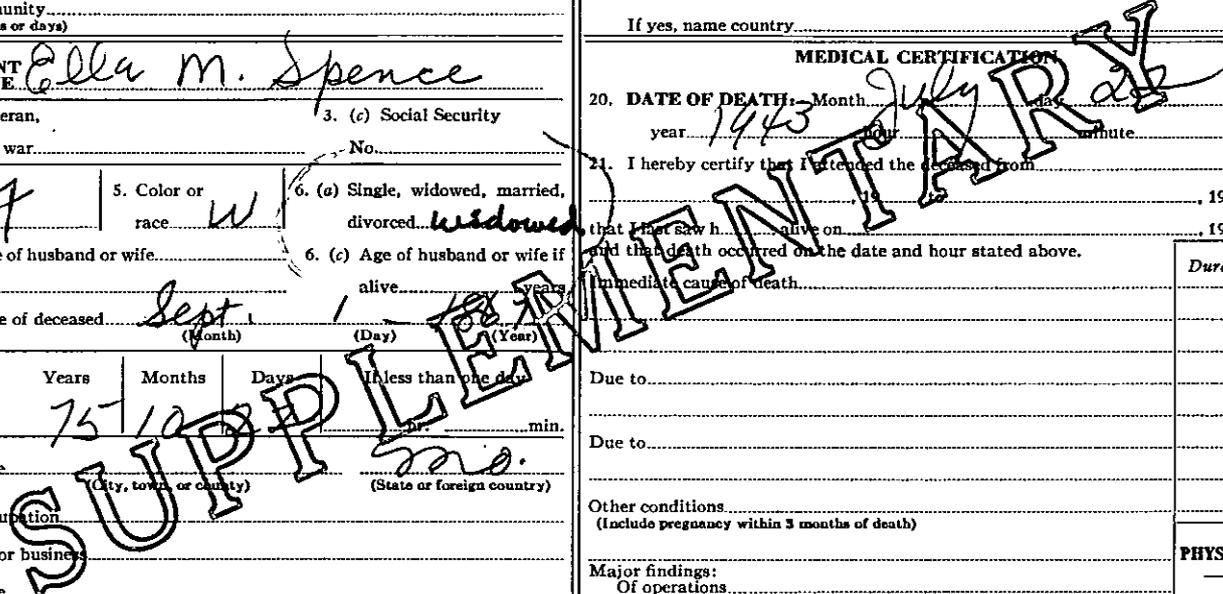
(b) Date of occurrence _____

(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 _____ (M. D. or other) _____
Address _____ Date signed _____



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