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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1345

FILED JAN 4 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:  
State Hospital No. 22  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 years 11 months  
(Specify whether years, months or days)

In this community 11 years 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Muscardin

(c) City or town Princeton  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME PRICE H. SPENCER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14  
year 1943 hour 6 minute 05 A.M.

21. I hereby certify that I attended the deceased from 12-1-1943 to 12-13-1943  
that I last saw him alive on 12-13-1943  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

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

7. Birth date of deceased 5-16-1896  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Brain degeneration (fracture of skull - brain loss) 11 years

Due to Automobile Accident

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

47 6 28 hr. \_\_\_\_\_ min. \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Salesman

11. Industry or business Salesman

MOTHER FATHER

12. Name Earle Spencer

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

14. Maiden name Minnie Jane Spencer

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

16. (a) Informant Mr. Minnie Jane Spencer

(b) Address Princeton Missouri

17. (a) Funeral (b) Date thereof Dec 16 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul R. 9th St.

18. (a) Signature of funeral director Paul Mass

(b) Address Princeton Mo.

19. (a) 12-14-43 (b) Roe Perry  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence 6-14-1931

(c) Where did injury occur? Princeton Missouri Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On public highway  
While at work? yes (Specify type of place) (e) Means of injury Automobile

23. Signature J. H. Marroway (M. D. or other) \_\_\_\_\_  
Address State Hospital No. 22 Date signed 12-14-43

1233

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**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 me  
....., Registered Apprentice No. 5634  
.....  
working under my personal supervision.

Signed

Paul Moss

Licensed Embalmer No.

2634

P. O. Address

Concord, 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.