

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6469  
Registrar's No. 5

FILED MAR 10 1944  
Registration District No. 6

Primary Registration District No. 3001

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:  
509 W. Park St  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_

In this community \_\_\_\_\_ years, months or days 1 YR (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 509 W Park St  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADDIE BELLE SPENCER

3. (b) If veteran, name war OAA

3. (c) Social Security No. 4-604

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day FEB  
year 1944 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Dec 13, 1943 to Feb 29, 1944  
that I last saw him alive on Feb 21, 1944  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

Immediate cause of death Chronic myocarditis Duration \_\_\_\_\_

7. Birth date of deceased DEC 2 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace NOT OBTAINABLE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business HOME KEEPER

12. Name ALEXANDER B SPENCER

13. Birthplace NOT OBTAINABLE MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name LAWRENCE ELLEN WILKINSON

15. Birthplace NOT OBTAINABLE MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fred Bates

(b) Address 59 W. Missouri Liberty Mo

17. (a) BURIAL (b) Date thereof MAR 2 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURIAL

18. (a) Signature of funeral director A. S. Matus

(b) Address Vandalia Mo

19. (a) MAR 1 1944 (b) Mollie Fugate  
(Date received local registrar) (Registrar's signature)

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

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

Other conditions (Include pregnancy within 3 months of death) 93d

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 D

23. Signature W. E. Allen (M. D. or other) \_\_\_\_\_

Address Vandalia Mo Date signed 3/1/44

RECEIVED

District Health Officer No. 10

District File Number 2-44-554

Date Filed MAR 9 1944

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.....

*H. S. Waters*

Licensed Embalmer No.....

*4298*

P. O. Address.....

*Vandalia*

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.