

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18285**

FILED JUN 14 1944  
Registration District No. **170**

Primary Registration District No. **5568**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Rural** *EXHIBIT*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Route # 3 Box 556**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **16 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JOSEPH EDWARD SPENCER**

3. (b) If veteran, name war **World War 1**  
3. (c) Social Security No. **487-05-4374**

4. Sex **Male** 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

7. Birth date of deceased **November 5 - 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**50** **5** **26** hr. min.

9. Birthplace **Rockwell** **Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Welder**

11. Industry or business **Sheffield Steel Corp.**

12. Name **Albert Spencer**

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

14. Maiden name **Mary O'Brien**

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

16. (a) Informant **Mrs Mary Spencer**

(b) Address **Route #3 Box 556, Independence, Mo.**

17. (a) **Burial** (b) Date thereof **5-4-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem. Indep. Mo.**

18. (a) Signature of funeral director **George C. Carson**

(b) Address **Independence, Missouri**

19. (a) **5-4-1944** (b) **W. Ross**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Route #3, Box 556, Independence, Mo.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1** St. **Mo.**  
year **1944** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 29, 1943** to **May 1, 1944**  
that I last saw him alive on **May 1, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis essential - 102**  
Due to **Had an N.P.V. of 60 which prohibited operation in 1943.**

Other conditions **an osteopath has recently given him injections for hernia which probably had no effect but his health was such that he was advised against hernia operation recently.**

Duration  
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) **no**  
(b) Date of occurrence **none**  
(c) Where did injury occur? (City or town) (County) (State) **none**  
(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 **Walter Green** (M. D. or other)  
Address **Independence, Mo.** Date signed **5-4-44**

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

MOTHER FATHER

1103

JUN 16 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

*Hoyd C. Carson*

Licensed Embalmer No.

*4199*

P. O. Address

*Frederick*

**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.