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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2191

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 47

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: Sisters Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo (Specify whether
In this community 33 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1420 Sycamore
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Macie Spicer
John Macie Spicer

3. (b) If veteran, name war no

3. (c) Social Security No. 493-18-9409

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Anita Spicer

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 12 (Month) - 21 (Day) - 1912 (Year)

8. AGE: Years 33 Months - Days 19 If less than one day ___ hr. ___ min.

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

10. Usual occupation Checker in Feed

11. Industry of business Shipping Dep. Quaker Oats plant

FATHER
12. Name William Spicer
13. Birthplace Fillmore (City, town, or county) mo (State or foreign country)

MOTHER
14. Maiden name Laura Davidson
15. Birthplace Andrew Co (City, town, or county) mo (State or foreign country)

16. (a) Informant Mrs. Anita Spicer
(b) Address 1420 Sycamore

17. (a) B (Burial, cremation, or removal) (b) Date thereof 1 (Month) - 18 (Day) - 46 (Year)

(c) Place: burial or cremation Savannah

18. (a) Signature of funeral director E. C. Breet
(b) Address Savannah mo

19. (a) Jan. 11, 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10 year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 27, 1945, to January 9, 1946; that I last saw him alive on January 9, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Brain Tumor	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Brain Tumor	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. H. Ryan (M. D. or other) M.D.

Address 301 Tyler St. Joseph Date signed 1/11/46

(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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sarcoxie Mo

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.