

No. 2  
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17-39  
K47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 28 1947  
Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 5976

State File No. 10350  
Registrar's No.

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

1. PLACE OF DEATH:  
(a) County Polk  
(b) City or town Walnut Grove R3  
(c) Name of hospital or institution: Rural Jackson township!  
(d) Length of stay: In hospital or institution none  
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Polk 84  
(c) City or town Walnut Grove Mo R3  
(d) Street No. Rural Jackson township!  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ressie Jane Spence  
3. (b) If veteran, name war nil 3. (c) Social Security No. nil

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Willie R. Spence  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased March 26 - 1903  
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 2  
If less than one day hr. 0 min. 0

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

10. Usual occupation house wife

11. Industry or business Home Keeper

12. Name George W Mallicoat

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

14. Maiden name Maggie Buckner  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Willie R. Spence

(b) Address Walnut Grove Mo R3

17. (a) Burial (b) Date thereof 3-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burke Creek cemetery

18. (a) Signature of funeral director Have A. Birm  
(b) Address Walnut Grove Mo

19. (a) 3-29-1947 (b) Lillie Frieze  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 26  
year 1947 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from MARCH 20, 1947, to MARCH 26, 1947  
that I last saw her alive on March 26, 1947, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCCLUSION Duration 10 MIN.

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

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

Major findings: Of operations 947  
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) (c) Means of injury 2  
23. Signature W. R. Jew D.O. (M. D. or other) 2  
Address Walnut Grove Mo Date signed 3/28/47

RECEIVED  
District Health Officer No. 7,  
District File Number 3-47-857  
District File Number 7-4-47  
Date Filed

OCT 11 1949

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.