

FILED MAY 5 1947

Registration District No. 16

Primary Registration District No. 3040

Registrar's No. 65

1. PLACE OF DEATH:

(a) County LIVINGSTON

(b) City or town CHILLICOTHE

(c) Name of hospital or institution: Chillicothe Hospital 0 HOURS. 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CARROLL 17

(c) City or town Hale (If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location) 1

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

If yes, name country.....

3. (a) PRINT FULL NAME WILLIAM HERBERT SPICER

3. (b) If veteran, name war -

3. (c) Social Security 491-22-6118

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 25 year 1947 hour 11 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife MRS. ERMA SPICER

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased OCT 11 1912  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 24 1947, to Apr. 25 1947, that I last saw him alive on Apr. 25 1947, and that death occurred on the date and hour stated above.

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

34 6 14 hr. min.

Immediate cause of death

Due to (1) Contusion R. Lung 40 hrs  
(2) Fractured 7. Femur 40 hrs  
(3) Fractured L. Humerus 40 hrs  
(4) Fractured ribs R. Chest 40 hrs

Due to.....

9. Birthplace FILLMORE MO  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 110 e 6

10. Usual occupation Merch. Merchant

11. Industry or business GROcery

12. Name OTTO HERBERT SPICER

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

14. Maiden name ERMA MAY CHAPMAN

15. Birthplace ROSENDALE MO  
(City, town, or county) (State or foreign country)

Major findings: Of operations 110 e 6

Of autopsy.....

PHYSICIAN 110 e 6

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. ERMA SPICER

(b) Address Hale MO

17. (a) BURIAL (b) Date thereof 4-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LATHROP MO

18. (a) Signature of funeral director DEMOS CRUNK

(b) Address CAMERON MO

19. (a) April 26 47 (b) James B. Neill  
(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 17

(b) Date of occurrence Apr. 24-47

(c) Where did injury occur? near Hale MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway accident - car hit bridge  
(Specify type of place) (e) Means of injury Auto

23. Signature Joseph Conrad (M. D. or other) M.D.  
Address Chillicothe Mo Date signed Apr 25 47

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

MOTHER FATHER

SA  
AUG 23 1958

NOV 19 1958

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Lee Moss Crunk* .....

Licensed Embalmer No. *2533* .....

P. O. Address *Cameron, 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.**