

FILED APR 23 1947
Registration District No. **337**

Primary Registration District No. **4496**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County **Shelby**
(b) City or town **Shelbyville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shelby**
(c) City or town **Shelbyville**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JULIA SPENCE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Jan 8 - 1857**
(Month) (Day) (Year)

8. AGE: Years **90** Months **3** Days **1** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Erasmus Allen**
13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)
14. Maiden name **Marion Kaplan**
15. Birthplace **Marion, Mo. Missouri**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mrs. Waegere**
(b) Address **Shelbyville Mo.**
17. (a) **burial** (b) Date thereof **4-11-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ebenezer Cemetery**
18. (a) Signature of funeral director **Ben M. Allen**
(b) Address **Philadelphia Missouri**
19. (a) **April 14 47** (b) **Ruth Joyner**
(Ditto received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **9**
year **1947** hour **5** minute **P.M.**

21. I hereby certify that I attended the deceased from **Aug 9**, 19**37**, to **Apr 9**, 19**47**
that I last saw **her** alive on **Apr 3**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular**
Duration **7**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations **A**

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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **P. C. ...** (M. D. or other) _____
Address **Shelbyville Mo** Date signed **4-18-47**

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

108

81

RECEIVED
District Health Officer No. *R*
District File Number *4-47-681*
Date Filed *APR 21 1947*

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..... *B M Collins*

Licensed Embalmer No. *2437*

P. O. Address *Philadelphia, Missou*

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. *not of this 17-41-48*