

No. 2
-12-45
5-17-39
X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34801

FILED OCT 16 1947

Registration District No. 158

Primary Registration District No. 5572

Registrar's No. 163

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7 miles north of Pleasant Hill
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Della May Spencer

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 married

6. (b) Name of husband or wife John Edgar Spencer

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

7. Birth date of deceased Sept 20 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>14</u>	hr. min.

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Majors

13. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Bain

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

16. (a) Informant J. E. Spencer

(b) Address Pleasant Hill

17. (a) Burial (b) Date thereof 10-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield

(b) Address Pleasant Hill, Mo.

19. (a) OCT. 7, 1947 (b) Donald C. Emmons
(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. 3 Miles North Pleasant Hill
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5 4th year 1947 hour 12:05 minute 7 M.

21. I hereby certify that I attended the deceased from 11-21-46, 19____, to 10-5, 1947.

that I last saw her alive on 10-5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Duration 5 days

Due to Carcinomatosis, abdominal initial location unknown 1 yr.

Due to _____

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

Major findings: Exploratory

Of operations June 47 - 55

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 _____

23. Signature A. W. Shilens (M. D. or other) MD

Address Pleasant Hill, Mo. Date signed 10-7-47

VS JUN 30 1960

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

Allen Hill

Registered Apprentice No. *8*

working under my personal supervision.

Signed

Allen Burrill

Licensed Embalmer No. *3785*

P. O. Address

Pleasant Hill 7

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.