

S. No. 2
1-1/47
5-17-39

1487

FILED JAN 19 1948

Registration District No. Primary Registration District No. 3028

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution McCune Brooks Hospital

(d) Length of stay: In hospital or institution 2 Days

In this community 25 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage

(d) Street No. 903 Valley St.

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Alice May SPENCER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased May 15, 1874

8. AGE:

Years	Months	Days	If less than one day
73	7	20	hr. min.

9. Birthplace Carthage, Mo.

10. Usual occupation

11. Industry or business

12. Name Sterling C. Spencer

13. Birthplace Concord, Vt.

14. Maiden name Nancy L. Smith

15. Birthplace Unknown Tenn.

16. (a) Informant Mr. Earl Walker

(b) Address 509 E. 13th. Carthage, Mo.

17. (a) Burial (b) Date thereof 1-9-48

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage Mo.

19. (a) 1-9-1948 (b) H. B. Clinton, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1948 hour 3:06 minute P. M.

21. I hereby certify that I attended the deceased from Jan 13, 1947, to Jan 6, 1948 that I last saw her alive on Jan 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia with Coma Nephritis, Suppurative

Duration: 2 da.

Other conditions: none

Major findings: Of operations none

Of autopsy none

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? Carthage, Mo.

(d) Did injury occur in or about home, farm, in industrial place, in public place? While at work? Means of injury

23. Signature George H. Wood (M. D. of Carthage Mo) Date signed Jan 8, 48

PHYSICIAN Underline the cause of which death should be charged statistically.

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.....

Gene C. Pugh
 Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.