No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1948

Registration District No. 176

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-65-2

State File No. 30289

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town La Russell R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Greene Trop R
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town La Russell R.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Greene Trop
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Edward Spencer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 ✓ years

7. Birth date of deceased 3 (Month) - 9 (Day) - 1876 (Year)

8. AGE: Years 72 | Months 5 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William Spencer
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Spencer
(b) Address La Russell Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Morris Lemon
(b) Address Miller Mo.

19. (a) 9-12-48 (Date received local registrar) (b) W.S. Bueney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
year 1948 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from after death, 19__, to ___, 19__;
that I last saw h___ alive on ___, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck
Crushed left chest
L&R. leg broken
Due to Hit & Run Driver
Near Rescue In red
Due to Oak Township

Other conditions ✓ Pedestrian
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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) accident 55

(b) Date of occurrence Sept 7-1948

(c) Where did injury occur? Lawrence Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place Hy-66
(Specify type of place)

While at work? No (e) Means of injury Hit by car

23. Signature Herman Surridge (M.D. or other) Coroner

Address Marionville Mo Date signed 9/8/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 948-1076
Date Filed SEP 27 1948

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 E. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.