No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32371

FILED NOV 9 1948

Registration District No. 93 — Primary Registration District No. 5291 — Registrar's No. 92

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clay Co. Hosp. (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clay 24 3
(c) City or town K. C. Kans. (If outside city or town limits, write "RURAL") 1
(d) Street No. 2943 Hiawatha St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME TERRY J. SPENCER
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Male 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. (Month) 14 (Day) 1893 (Year)

8. AGE: Years 55 Months 8 Days 6 If less than one day — hr. ..... min.

9. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Carpenter
11. Industry or business
FATHER
12. Name John Spencer
13. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Rilda McMullin
15. Birthplace Ray Co. (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Mrs. Rilda Nash
(b) Address 2943 Hiawatha - K.C. KS
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope - K.C. KS
18. (a) Signature of funeral director Church - Archer Co.
(b) Address Liberty Mo.
19. (a) 10-21-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature) 1-4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20 year 1948 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from One to year, 19....; that I last saw him alive on Oct 19, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Senility Cerebral Haemorrhage	
Due to	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 0
23. Signature [signature] (M.D. or other) M.D.
Address Liberty Mo. Date signed 10-21-1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 11-8-48

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 John Lombardy

Licensed Embalmer No. 4448

P. O. Address Liberty 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.