

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17308

Do not use this space.

1. PLACE OF DEATH *Mercy Hospital 1*
 (a) County *Jackson* Registration District No. *399*
 (b) Township *Kaw* Primary Registration District No. *11002*
 (c) City *Kansas City* (d) Street No. *Mercy Hospital* Registered No. *2005*
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. *6* (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME *Richard Spencer*
 (a) Residence, No. *Osceola Mo.* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *none*
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osceola Mo.*

FATHER 13. NAME *Richard Spencer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Osceola Mo.*

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS) *Osceola Mo.*

20. FILED *May 14 38 M. M. Brown* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-13* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *5-9* 19*38*, to *5-13* 19*38*

I last saw *him* alive on *5-13* 19*38*. Death is said

to have occurred on the date stated above, at *6:30 P.* m.

The principal cause of death and related causes of importance were as follows:

Coronary Sinus Thrombosis
Basilar Meningitis
Multiple abscesses of the lung
 Date of onset *5/9/38*

Other contributory causes of importance:
HYDROCELE, Right ORBITAL CELLULITIS.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify *W. B. Soderberg* M. D.

(Address) *St. James Hospital*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. 2005
(c) City (d) Street No. Mercy Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Richard Spencer

(a) Residence, No. St. Osceola Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3 1932</u>				
7. AGE	YEARS <u>5</u>	MONTHS <u>9</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osceola Mo</u>				
FATHER	13. NAME <u>Frank Spencer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Sara Spidel</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Frank Spencer</u> <u>Osceola MO</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osceola</u> DATE <u>May 15</u> 19 <u>38</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>F. B. Goodrich</u> <u>Osceola Mo</u>				
20. FILED <u>May 14 1938</u> <u>A. A. Crowe</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19____
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) M. D.
(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

TEMPORARILY

1938
S-17308