

OCT 2-0 1938

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

32259

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 317
 (b) Township Republic Primary Registration District No. 5436 Registered No. _____
 (c) City _____ (d) Street No. Route # 2 Republic, Mo. 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 George W. Spencer 159

(a) Residence, No. Route # 2 Republic, 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Menefee County Kentucky

13. NAME Jackson K. Spencer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George W. Spencer Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE Sept. 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Lohmeyer Springfield, Mo. 289

20. FILED Oct. 6, 1938 Mrs. Bertha Nance Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7- 1938, to Sept 27- 1938

I last saw h. alive on Sept 27- 1938. Death is said to have occurred on the date stated above, at 8:40 A. M.

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

Cerebral hemorrhage Date of onset 9/7-38

Other contributory causes of importance: Arteriosclerosis 9/7-37

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify _____

(Signed) E. M. LeCompte, M. D.

(Address) Brookline Station Mo.

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.....

L. Evelyn Gorman
Licensed Embalmer No. 3177

P. O. Address Springfield, 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, above space should be left blank.