

REC'D MAR 17 1939

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

6818
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Carthage Primary Registration District No. 3030 Registered No. 21
(c) City Carthage (d) Street No. McCum-Brook 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

126 Charlie H. Spicer
(a) Residence, No. 720 Cedar 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 Birdie Spicer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
75 0 -

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
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) Lump Ohio

FATHER 13. NAME Leason Spicer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Birdie Spicer
(ADDRESS) 720 Cedar - Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Rest Cemetery DATE Feb. 3, 1939

19. FUNERAL DIRECTOR Knud Mortuary
(ADDRESS) Carthage, Mo.

20. FILED Feb. 3, 1939 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1939, to Feb. 1, 1939.
Last saw him alive on 2-1, 1939. Death is said to have occurred on the date stated above, at 3:15 P. m.

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

Double Lobar Pneumonia Date of onset

Other contributory causes of importance: 105

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) H. E. Baker, M. D.

865 (Address) Carthage, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-577

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, P. W. K. Miller, Licensed Embalmer No. 814

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. W. K. Miller
Licensed Embalmer No. 814

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.)