

1939 AUG 1 1939

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

25891  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
(b) Township Primary Registration District No. 3020  
(c) or City Carthage (d) Street No. 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 152 Samuel Ernest Spencer

(a) Residence, No. 1155 Lyon Street St.   
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 11 18  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. News boy  
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) Friend (STATE OR COUNTRY) Nebraska

13. NAME Thomas B. Spencer

14. BIRTHPLACE (CITY OR TOWN) Mercer County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Naomi Hampton

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

17. INFORMANT Mrs. Charles Porter (ADDRESS) 1155 Lyon St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 7-31-39

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home (ADDRESS) Carthage, Mo.

20. FILED July 29, 1939 E. J. McIntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 26, 1939. I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above at 11:00 p.m. The principal cause of death and related causes of importance were as follows:

Cardiac dilatation  
Chronic nephritis  
Hypertension  
Date of onset (71)  
5 yrs

Other contributory causes of importance: 131

Name of operation none Date of none  
What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external cause (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 George H. Wood, M. D.  
(Signed) Carthage, Mo.  
(Address) 815

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 7/31/37

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**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 Edle...  
Licensed Embalmer No. 7722  
P. O. Address.....

**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.**