REC'D DEC 13 1939

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

39135
Do not use this space.

1. PLACE OF DEATH
(a) County Butler 2/1 Registration District No. 89
(b) Township Primary Registration District No. 3007 Registered No. 284
(c) City Poplar Bluff, Mo. (d) Street No. 415 Mary Street 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 47 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Benjamin Jeremiah Spencer
(a) Residence, No. 415 Mary St. 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1861

7. AGE: YEARS 78 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired labor
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) Richmond, Va. 1

FATHER
13. NAME Jerry Spencer 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Virginia 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Virginia Spencer Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff, Mo. DATE Nov. 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 11/27 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1939, to Nov 25 1939
I last saw him alive on Nov 24 1939. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Initial Insufficiency	6 mo
Hypertrophic heart	

Other contributory causes of importance: 9 & 10

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) Alfred R Rowe M. D.
89 (Address) Poplar Bluff Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 B.J.Brentlinger

Registered Apprentice No. 208, working under my personal supervision.

Signed Scott A. Cotrell
Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, Mo.

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

If this body is not embalmed, above space should be left blank.