

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

40000
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
 (b) Township Waller Primary Registration District No. 3022
 (c) City Debato (d) Street No. _____ St. _____
 (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 CAROL ANNE SPENCER
 (a) Residence, No. 152 104 E. 2nd St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23/1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 15 hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) Debato Mo.
 FATHER 13. NAME Chester Spencer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Debato Mo.
 MOTHER 15. MAIDEN NAME Kathleen Minke
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baxter Springs Kansas
 17. INFORMANT (ADDRESS) Chester Spencer Debato Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Debato Mo. DATE Nov 24 39
 19. FUNERAL DIRECTOR (ADDRESS) Wagnell, B. DeBato Debato Mo.
 20. FILED 12-1 1939 Jeneva Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1939, to Nov. 25 1939
 I last saw h. e. alive on Nov. 25 1939. Death is said to have occurred on the date stated above, at 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:
New born infant - (cyanotic) Date of onset 6/1/39
 Other contributory causes of importance: not well developed
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical as 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) Halter D. King, M. D.
 301 (Address) Debato, Mo.

WRITE PLAINLY, WITH OUTFRADING INK. THIS IS A PERMANENT RECORD. 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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Donnell B. Detroit
Licensed Embalmer No. 4704

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.)