

FILED FEB 17 1940

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

2329

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 312
 (b) Township Franklin Primary Registration District No. 4188
 or King City
 (c) City King City (d) Street No. Albion St.
 (e) Length of residence in city or town where death occurred all of life (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1012 St. Franklin
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Spencer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-11-1871
 7. AGE YEARS 68 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer
 9. Industry or business in which work was done, as saw mill, bank, etc. Stenographer
 10. Date deceased last worked at this occupation (month and year) Aug 13-1939
 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

13. NAME Wm. Robert
 14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Patricia Dawson
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Martha M. Holden
King City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE King City DATE 1-18-1940

19. FUNERAL DIRECTOR (NAME) R. L. Taggart
 (ADDRESS) King City, Mo

20. FILED 1-18-1940 Donald J. Gentry
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1940

22. I HEREBY CERTIFY That I attended deceased from Aug 13 1939 to January 16 1940

I last saw him alive on January 10 1940. Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:

apoplexy

Date of onset
11/24/39

Other contributory causes of importance:

Coronary Sclerosis

Aug 13/39

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) L. B. Blacklock, M. D.
 (Address) King City, Mo

RECEIVED
District Health Officer No. 11
District File Number 240-133
Date Filed FEB 13 1940

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.....

Licensed Embalmer No. 2563

P. O. Address King City

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.