FILED FEB 7 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3491

Registration District No. 733 Primary Registration District No. 5967 Registrar's No.

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Saltspring (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 1 2 6

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Saltspring (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME HELEN LOUISE SPICER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 15 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

9. Birthplace Randolph (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Russell Dewey Spicer
13. Birthplace Randolph (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ivy Leona Night
15. Birthplace Randolph (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr Russell Dewey Spicer

(b) Address Huntsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hagan Cemetery

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) Feb 3 1940 (Date received local registrar) (b) Mrs D A Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1940 hour minute 6:35 P M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Jan 15, 1940 that I last saw her alive on Jan 15, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Premature 7 Months	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. H. Johnston (M. D. or other) D.O.

Address Huntsville Date signed 2/3/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 3-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 2-40-324
Date Filed FEB 5 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Mo

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.