

FILED MAR 18 1940

Registration District No. _____

Primary Registration District No. **1001**

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph **2**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
821 Hickory
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years
years, months or days

3. (a) PRINT FULL NAME CHARLES E. SPENCER

8. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29th 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 6 27 hr. _____ min.

9. Birthplace Grayson County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Walter Spencer
13. Birthplace Grayson County Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Ann
15. Birthplace Grayson County Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Brinker
(b) Address 821 Hickory St. Joseph, Mo.

17. (a) Burial (b) Date thereof Feb 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) Feb 28, 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 821 Hickory
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1940 hour 12 noon minute _____ M.

21. I hereby certify that I attended the deceased from Jan 2, 1940 to Jan 2, 1940
that I last saw him alive on Jan 2 - 4:00, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral Hemorrhage Duration _____

Due to arteriosclerosis

Due to [Signature]

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) no
(b) Date of occurrence Feb 28 1940
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 719 1/2 E. 1st Date signed 2/27/40

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.....

C. G. Swan

Licensed Embalmer No.....

4982
St Joseph

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.