

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11197

State File No.

Registration District No. H 00

Primary Registration District No. 5553-B 42 35

Registrar's No. 52

1. PLACE OF DEATH

(a) County Jackson  
(b) City or town Lees Summit Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3 East 3rd Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether)  
In this community... all of life  
years, months or days

3. (a) PRINT FULL NAME Charles Noble Spencer  
8. (b) If veteran,  name ✓  
8. (c) Social Security No. 152

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced married

7. (b) Name of husband or wife Edna B Spencer  
7. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 31 - 1882  
(Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 14  
If less than one day hr. min.

9. Birthplace Pleasant Hill Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Druggist

11. Industry or business Drug Store

12. Name James Richard Spencer

13. Birthplace Unknown Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte Heltges

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edna B Spencer  
(b) Address Lees Summit Mo.

17. (a) Burial (b) Date thereof 3-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director H B Spangford  
(b) Address Lees Summit Mo

19. (a) 3/17/42 (b) Lora G Barnes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Lees Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 601 Miller Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15 - 42  
year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19  
that I am a Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of chest  
Due to Self-inflicted

Due to Self-inflicted  
Other conditions Gunshot wound of chest  
(Include pregnancy within 5 months of death)

Major findings: 107  
Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide  
(b) Date of occurrence 3-15-42  
(c) Where did injury occur? Lees Summit Jackson Mo  
(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 Quell Weber (M. D. or other) 4  
Address Lees Summit Date signed

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

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

78  
7  
0

5

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**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 W. Blangford

Licensed Embalmer No. 3853

P. O. Address Lee's Summit

**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.**