No. 2
11-10-39
-17-39
I X214

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1940 791

Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13313
3515
Registrar's No.

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 wks. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town Van Buren NR
(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 Mertie Spencer 152

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 Married

6. (b) Name of husband or wife Martin L. Spencer 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Apr. (Month) 5 (Day) 1871 (Year)

8. AGE: Years 69 Months 0 Days 12 If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business —

FATHER 12. Name John Ackerman
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Nancy Jane Schmidt
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Martin L. Spencer
(b) Address Van Buren Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-18-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director Leuckel Funeral Home
(b) Address Van Buren, Mo.

19. (a) APR 18 1940 (Date received local registrar) (b) J. T. Beckleak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1940 hour 12 minute Noon M.

21. I hereby certify that I attended the deceased from February 27, 1940 to Apr 17, 1940 and that I last saw her alive on Apr 17, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneu., Rt. Base-Term.	?
Due to Chr. Bacillary Dysentery Para B over 5 mos	
Due to Acute Empyema Gall Bladder	?
Other conditions (Include pregnancy within 3 months of death) 13	
Major findings: Of operations	
Of autopsy Confirmation of Clinical also Brown Atrophy Heart, Cholelith.	

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

23. Signature J. Nakada (M. D. or other)
Address Humboldt Bldg. Date signed 4/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 John J Fetter

Licensed Embalmer No. 3880

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.