

U. S. No. 2
11-11-10-39
Rev. 5-17-39
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17763

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 5 1940

Registration District No. 11

Primary Registration District No. 4008 (4008)

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Fillmore

(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 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Fillmore
(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 Medorah Spicer 126

(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1940 hour 6:00 minute 5 M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Carlton W. Spicer

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased August 2, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 13, 1940, to May 4, 1940, that I last saw her alive on May 4th, 1940, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death: Myocardial Inefficiency Chronic

Due to Arteriosclerosis no facts

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

Due to _____

Other conditions (Include pregnancy within 3 months of death) 98

10. Usual occupation At home

11. Industry or business At home

MOTHER FATHER {

12. Name Hardin Messick

13. Birthplace Andrew County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bettie Newland

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

Major findings: Of operations

Of autopsy

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

16. (a) Informant Mrs. Ed Denney

(b) Address Fillmore, Missouri

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? _____

17. (a) Burial (b) Date thereof May 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore, Missouri

18. (a) Signature of funeral director Patt John General Director

(b) Address Oregon, Missouri

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

19. (a) May 7-1940 (b) Mrs. Addie Barnes
(Date received local registrar) (Registrar's signature)

23. Signature M. L. Holliday (M. D. or other) MD
Address Fillmore Mo Date signed 5-5-1940

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

(May 7-1940)

RECEIVED

District Health Officer No. 11,

District File Number 640-811

Date Filed JUN 4 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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.