DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17788

Registration District No. 912 | Primary Registration District No. 4550 | Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Audrain

(b) City or town: Vandalia (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 years, months or days) In this community 15 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain

(c) City or town: Vandalia (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: Joseph Spencer

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Cora Spencer

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

7. Birth date of deceased: Jan (Month) 18 (Day) 1871 (Year)

8. AGE: Years 69 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace: Mo (City, town, or county) O (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: O

FATHER
12. Name: Alexander Spencer
13. Birthplace: Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Wilmer
15. Birthplace: Ohio (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Willie Spencer

(b) Address: Vandalia Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof 5/8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Vandalia Mo

18. (a) Signature of funeral director: W S Nales

(b) Address: Vandalia Mo

19. (a) 5/18/40 (Date received local registrar) (b) Carrie F. Utterback (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1940 hour 9 minute 33 P.M.

21. I hereby certify that I attended the deceased from May 3, 1940, 19..., to May 16, 1940; that I last saw him alive on May 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Valvular heart disease	5 yrs.
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: [illegible] (M. D. or other)

Address: Vandalia, Mo. Date signed 5/18

(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. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 6-40-1226
Date Filed JUN 12 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 W B Waters

Licensed Embalmer No. 3325

P. O. Address Omdola N

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.