

DEC 12 1940
Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 361

1. PLACE OF DEATH:

- (a) County Butler
 (b) City or town Peplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Peplar Bluff Missouri
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about 9 days
(Specify whether
 In this community most of life
years, months or days)

3. (a) PRINT FULL NAME

Obe B. Spence

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male5. Color or race White6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

Mae Spencealive about 48 years

7. Birth date of deceased

June - 13 - 1892
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

48513

hr. min.

9. Birthplace

Paragould Ark
(City, town, or county)Ark
(State or foreign country)

10. Usual occupation

Farming

11. Industry or business

12. Name

Robert Spence

13. Birthplace

Ark
(City, town, or county)Ark
(State or foreign country)

14. Maiden name

Dollie Hiegher

15. Birthplace

Ark
(City, town, or county)Ark
(State or foreign country)

16. (a) Informant

Mrs. Mae Spence

(b) Address

Broseley Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

Dec. 1 - 40
(Month) (Day) (Year)

(c) Place: burial or cremation

Stanfield

18. (a) Signature of funeral director

Lander Funeral Home

(b) Address

Clinton Ave, S.W.

19. (a)

12/2/40
(Date received local registrar)

(b)

Obitsinger
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Butler
 (c) City or town Peplar Bluff
(If outside city or town limits, write "RURAL")
 (d) Street No. City
(If rural, give location)
 0
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30th
year 1940 hour 4 minute a. m.21. I hereby certify that I attended the deceased from Nov 21, 1940, to Nov 30, 1940
that I last saw him alive on Nov 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death

Included in burial
x 1st funeral x cremated
Due and

Duration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations andOf autopsy and

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) accidental
 (b) Date of occurrence 11-21-40
 (c) Where did injury occur? his death was
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
centrally wreck
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature J. M. Henderson (M. D. or other) !
Address 127th Bluff mo Date signed _____

210 m
96
98

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.....

Licensed Embalmer No.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38252
Registrar's No. 361

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 89

Primary Registration District No. 3007

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff
(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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Obe B. Spence
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 m
6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 13 If less than one day..... hr..... min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

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

14. Maiden name..... (City, town, or county) (State or foreign country)

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

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(Burial, cremation, or removal) (Place: burial or cremation)

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town..... (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.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month 11 day 30 year 1940 hour..... minute..... M.
21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....; that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Fractured 7th Dorsal + 1st lumbar + dislocated spinal cord

Due to.....

Due to collison with another auto

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

Major findings: Of operations..... 210 m 27

Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc
(b) Date of occurrence 11-21-40
(c) Where did injury occur? near Dexter mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? automobile wreck (Specify type of place) Public Highway (e) Means of injury

23. Signature J. M. Henricsson (Name)
Address Poplar Bluff Date signed 11-21-40

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

SUPPLEMENTAL

