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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41634

JAN 8 1941

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 5027

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community Fourteen Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (If outside city or town limits, write "RURAL") 0

(d) Street No. 502 N Liberty (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs Elizabeth Lewis Spencer

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 W W Spencer

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 13 (Day) 1882 (Year)

8. AGE: Years 58 Months 9 Days 15 If less than one day — hr. — min.

9. Birthplace Lees Summit (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House Wife 0

11. Industry or business →

FATHER
12. Name William Lewis 9
13. Birthplace Independence (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lute Miller
15. Birthplace Don't Known (City, town, or county) (State or foreign country)

16. (a) Informant Mr W. W. Spencer

(b) Address 502 N. Liberty St Indep. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director Otto E Mitchell

(b) Address 310 N. Main St Independence Mo

19. (a) 12-31-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28-40 year hour minute 12 48 P M.

21. I hereby certify that I attended the deceased from 5-15-40, 19__, to 12-28-40, 19__; that I last saw her alive on 12-28-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Brain Tumor	
Due to Glioblastoma	
Due to 52	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Exploratory Craniotomy	
Of autopsy [illegible]	

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 Russell W Fear (M. D. or other)

Address [illegible] Date signed 12/28/40

(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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.