

JAN 16 1941

Registration District No. 278

Primary Registration District No. 4222

Registrar's No. 83

1. PLACE OF DEATH: **Howard,**
(a) County **Howard,**
(b) City or town **Fayette,**
(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
In this community _____ years, months or days) **2**

8. (a) PRINT FULL NAME **Jennette Spence,**
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color **Black** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Denny Spence** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 10th 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	6	9	hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Sye Johnson,**
13. Birthplace **Missouri,**
(City, town, or county) (State or foreign country)
14. Maiden name **UNKNOWN,**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant **Elsie Stewart,**
(b) Address **Fayette, Mo.**

17. (a) **Burial** (b) Date thereof **11-21st 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **City Cemetary,**

18. (a) Signature of funeral director **Guy T. Halley,**
(b) Address **Fayette, Mo.**

19. (a) **11-30-40** (b) **Sumner S. Birdall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Howard,**
(c) City or town **Fayette,**
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (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 **19**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to **Nov. 15,** 19 **40**
that I last saw her alive on **Nov. 15,** 19 **40;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Uremic Coma
Cardio Vascular Renal Disease
Due to _____ 3 yrs
Due to _____

Duration
1 wk.
3 yrs

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

Major findings:
Of operations **None**
Of autopsy **no**

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? **34**

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

23. Signature **Lee Bloom** (M. D. or other) _____
Address **Lee Hospital, Fayette** Date signed **11-30-**

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

RECEIVED
District Health Officer No. 8,
District File Number 1-4-41
Date Filed

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 Guy T. Hickey
Licensed Embalmer No. 2966
P.O. Address Jupiter, Fla.

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.