

FEB 14 1941

No. 2
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7-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2130

Registration District No. 136

Primary Registration District No. 4076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Shelbitt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Nine months years, months or days)

8. (a) PRINT FULL NAME Henry Clifton Spencer
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethel Spearman Spencer 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Nov. 25 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Hardware

11. Industry or business Hardware business

MOTHER FATHER { 12. Name Maya George K. Spencer
13. Birthplace Moline Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Haniel J. McCullough
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Spencer
(b) Address Shelbitt Mo.

17. (a) Burial (b) Date thereof Jan. 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edge Green

18. (a) Signature of funeral director Willie Marshall
(b) Address Carroll Mo.

19. (a) Jan. 23 - 41 (b) Alta Henderson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Shelbitt
(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 January day 21
year 1941 hour 6 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan 40
_____ 1940 to Jan 20 1941
that I last saw him alive on Jan 20 1941
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic myo carditis 3 yrs

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underlines 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?

23. Signature N. A. Parlett (M. D. or other) D.
Address Shelbitt Mo. Date signed 1/22-41

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

RECEIVED
District Health Officer No. 8,
File Number
14-01-8

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

R. M. Marshall

Licensed Embalmer No. 25-25

P. O. Address Carrollton 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.