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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44624

Registration District No. 318 Primary Registration District No. 5440 Registrar's No. 364

1. PLACE OF DEATH:
(a) County GREENE
(b) ~~City or town~~ Springfield S Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Oak Grove Road (Route 91)
(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. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Oak Grove Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Julia M. Spencer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife H. G. Spencer
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July (Month) 3, (Day) 1875 (Year)

8. AGE:	Years	Months	Days	If less than one day
	65	9	26	hr. min.

9. Birthplace Rolla (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business In Home
FATHER
12. Name George W. Crandell
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Kunkelkleman
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr. H. G. Spencer
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 5/1/41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29, year 1941 hour 6:30 minute A. M.
21. I hereby certify that I attended the deceased from Apr 29, 1941, to Apr 29, 1941; that I last saw her alive on Apr 29, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Malaria — Duration 2 weeks
Due to
Due to
Other conditions Chr. Myocarditis
(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 Mary Fitch (M. D. or other) MD
Address Springfield Mo Date signed 5/1/41

(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 Wayne Hinkle

Licensed Embalmer No. 3444

P. O. Address Springfield

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

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