

6-2
13-40
7-39
X23150

FILED JUL 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22169

State File No. _____

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 189

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal

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

(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 14 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. Prairie St
(If rural, give location)

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

3. (a) PRINT FULL NAME EDWIN A. SPENCER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Thelma 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Oct 24 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>36</u>	<u>7</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation Night Police, City of Monroe

11. Industry or business _____

12. Name Urban Spencer

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

14. Maiden name Thelma Phelps

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

16. (a) Informant Thelma L. Spencer

(b) Address Monroe City Mo

17. (a) Burial (b) Date thereof June 16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 200 F Cemetery, Hannibal Mo

18. (a) Signature of funeral director Wilson & Son

(b) Address Monroe City Mo

19. (a) June 16, 1941 (b) W.C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14
year 1941 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from 5/31, 1941, to 6/14, 1941;
that I last saw him alive on 6/14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus meningitis
12 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature F. N. Sumner (M. D. or other) D.O.

Address Monroe City Date signed 6/14/41

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

64
0

Duration
94 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

REC 2 2 2010

112
S. H. ...

A. WILSON

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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Memphis City, 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, fact should be so stated above.