No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30666

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3423

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4817 Charlotte Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -------
In this community 40 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4817 Charlotte Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country -------

3. (a) PRINT FULL NAME Mr. Henry Clay Spencer
3. (b) If veteran, name war No
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 Mrs. May Spencer
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February (Month) 4 (Day) 1853 (Year)
8. AGE: Years 88 Months 7 Days 8 If less than one day ....hr. ....min.
9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Street Car Conductor-Retir
11. Industry or business K.C. Public Service Co.
FATHER 12. Name Edward Spencer
13. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
MOTHER 14. Maiden name Margaret McElroy
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Stella Spencer
(b) Address 4817 Charlotte Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 9/13/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1941 hour 7 minute 45 P. M.
21. I hereby certify that I attended the deceased from 9-12-41 12:30 am, 19..., to 9/12/41, 19...; that I last saw him alive on 9-12-41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Hemorrhage — 17 hrs.
Due to Fall. Blow on head
Due to
Other conditions (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) Fall downstairs.
(b) Date of occurrence 9/12/41. 12:30 am
(c) Where did injury occur? K C Mo. Jackson (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
While at work? no (Specify type of place) (e) Means of injury Blow on head.
23. Signature J B Wallace (M. D. or other)
Address 703 Lathrop Bldg Date signed 9/12/41

(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 C Hervey Quisenbe

Licensed Embalmer No. 4070

P. O. Address K.C Mo

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

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