

MAR 20 1942
Registration District No. **10**

Primary Registration District No. **4188**

Registrar's No. **10**

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town King City (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 62 Yrs. (Specify whether)

In this community 62 Yrs. (Specify whether)

3. (a) PRINT FULL NAME John Spence

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race Cau

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife May Spence. 6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Apr. 19 1865 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>11</u>	hr. min.

9. Birthplace Butler Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Butcher.

11. Industry or business Butcher.

MOTHER { 12. Name James Spence.

13. Birthplace Penn. (City, town, or county) (State or foreign country)

14. Maiden name Martha Thompson.

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

16. (a) Informant Mathalepe Holden.

(b) Address King City Mo.

17. (a) Burial (b) Date thereof 2-1-1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. H. Taggart

(b) Address King City Mo.

19. (a) 2/2/42 (b) Harmon H. Blabster (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gentry

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

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1942 hour 11 minute 30P. M.

21. I hereby certify that I attended the deceased from 1940 to January 30 1942

that I last saw him alive on January 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

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?

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

23. Signature [Signature] (M. D. or other)

Address King City Mo Date signed 2/1/42

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 *R. G. Taggart*
Licensed Embalmer No. *2563*
P. O. Address *King 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.