

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

REV. 9-17-59

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942
497

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7179

Registration District No. 497

Primary Registration District No. 5673

Registrar's No. 1

1. PLACE OF DEATH:

(a) County LINN
 (b) City or town ENTERPRISE TWP.
 (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 77 yrs years, months or days)

3. (a) PRINT FULL NAME GEORGE WASHINGTON SPENCER

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

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

6. (b) Name of husband or wife LILLIE LAMBERT Spencer 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased OCT. 22 1864
 (Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 19 If less than one day hr. min.

9. Birthplace SULLIVAN Co OMO
 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name WATSON SPENCER
 13. Birthplace KENTUCKY
 (City, town, or county) (State or foreign country)
 14. Maiden name CATHERINE PIPE
 15. Birthplace KENTUCKY
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lloyd Spencer

(b) Address BROOKFIELD, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-13-42
 (Month) (Day) (Year)

(c) Place: burial or cremation NORTH SALEM CEM.

18. (a) Signature of funeral director Rusk Funeral Home

(b) Address BROOKFIELD, MO.

19. (a) 2/12/42 (Date received local registrar) (b) Dr. Lila J. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINN
 (c) City or town P.O. BROWNING, RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8 MI. EAST
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 11
 year 1942 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Feb 7, 1942, to Feb 11, 1942
 that I last saw him alive on Feb 9, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 hrs/41

Due to Hypertension
Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

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? _____

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

23. Signature J.R. McArlow (M. D. or other) _____
 Address Browning Mo Date signed 2/14/42

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..... *H. Be Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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.