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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Easton "Rural"
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days) 55 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Elizabeth Housman Spencer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank N. Spencer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Sept 27 1880
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>61</u> | <u>10</u> | <u>2</u> | hr. min. |

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

10. Usual occupation House Wife

11. Industry or business

MOTHER, FATHER {

12. Name Adolph Housman

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

14. Maiden name Mary McCarty

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

16. (a) Informant Frank N. Spencer

(b) Address Lower Missouri

17. (a) Burial (b) Date thereof July 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson Cemetery

18. (a) Signature of funeral director Therman D. Dalkin

(b) Address St. Joseph Missouri

19. (a) 7-30-42 (b) Rose Bergoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1942 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 4/10 1942, to 4/29 1942,
that I last saw h. a. alive on 4/29/42, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to.....

Due to.....

Other conditions Chronic Intestinal 60 Pa
(Include pregnancy within 3 months of death) reperitis

Major findings:
Of operations.....

Of autopsy 13/a

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) (e) Means of injury.....

While at work?.....

23. Signature J. C. Starke (M. D. or other) M.D.
Address Lower Mo. Date signed 7-29-42

Duration 5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

July 29 42....., Registered Apprentice No.....
working under my personal supervision.

Signed

John A. Hurley

Licensed Embalmer No. *2050*

P. O. Address *St. Joseph 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.