No. 2
9-4-41
5-17-39
X29484

ARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 283172

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 44

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

9 1 0

1. PLACE OF DEATH:
(a) County Scotland
(b) City or town Memphis 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 all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scotland 90
(c) City or town Memphis 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas Benton Spencer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Ona
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 14 (Day) 1863 (Year)

8. AGE: Years 76 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Scotland Co. Mo (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name William Spencer
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Florence Simmon
(b) Address Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetary
18. (a) Signature of funeral director Earl H Baskett
(b) Address Memphis Mo
19. (a) Aug 10-1942 (Date received local registrar) (b) Bernice Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9 year 1942 hour 3 minute 30 a M.
21. I hereby certify that I attended the deceased from Jan 1 1942 to Aug 8 1942 that I last saw him alive on Aug 8 19 and that death occurred on the date and hour stated above.
Immediate cause of death Nephritis
Due to Complicated by Tachycardia and
Due to Cholecystitis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature P H Baker (M. D. or other)
Address Memphis Mo Date signed 8/10/42

1043 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File 9-42-1678
Date Filed SEP 8 1942

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 Fred Gurt

Licensed Embalmer No. 1029

P.O. Address Memphis Tn

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

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

No. 2B
:—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28317

Registration District No. 326 Primary Registration District No. 4482 Registrar's No. 44

1. PLACE OF DEATH:

(a) County: Scotland

(b) City or town: Memphis
(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 (Specify whether years, months or days)

In this community: life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME: Thomas Benton Spencer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: D

6. (b) Name of husband or wife

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

7. Birth date of deceased: Sept (Month) 14 (Day) 1865 (Year)

8. AGE: Years 76 Months 10 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death nephritis
Chronic

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

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