

FILED MAR 18 1943

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, give street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 miles N.E. New Bloomfield.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jack Alvin Spencer

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 20 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 14 _____ hr. _____ min.

9. Birthplace Souix Falls / South Dakota
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Herbert Spencer
13. Birthplace Callaway Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Frances Kinney
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Spencer

(b) Address New Bloomfield, Mo.

17. (a) Burial (b) Date thereof 3/5/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prospect cemetery

18. (a) Signature of funeral director Roy A. Holt

(b) Address New Bloomfield, Missouri

19. (a) 3-3-43 (b) Therma R. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1943 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 2
1943 to Mar 3 1943
that I last saw him alive on Mar 3 (4 pm) 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis
Due to Broncho pneumonia
Due to _____

Other conditions gastric-enteritis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 Therma R. Miller (M. D. or other) _____
Address Jefferson City, Mo Date signed 3/4/43

Duration 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ray A. Holt*.....

Licensed Embalmer No. *2601*.....

P. O. Address *New Bloomfield, Pa.*.....

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.