

P1 X29484

Registration District No. **334**

Primary Registration District No. **26114**

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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Blodgett, Rural / Sikeston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sikeston, Mo. / R.F.D. #2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Scott

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

(d) Street No. Sikeston, Mo. R.F.D. #2
(If rural, give location)

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

If yes, name country NONE

3. (a) PRINT FULL NAME Ella Spencer

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Lee Spencer

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

7. Birth date of deceased February 4 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>0</u>	<u>17</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business House wife

12. Name SIMON Huey

13. Birthplace Not KNOWN Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ramsey

15. Birthplace Not KNOWN Not KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Spencer

(b) Address Sikeston, Mo. R.F.D. #2

17. (a) Burial (b) Date thereof 2-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blodgett Cemetery - Mo.

18. (a) Signature of funeral director John F. Hummel Jr.

(b) Address Charleston Mo.

19. (a) 4-1-1943 (b) Miss C. Hummel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1943 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1942 to Feb 21 1943 that I last saw her alive on Feb. 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus

Due to H&F

Other conditions Mitastasis to liver
(Include pregnancy within 3 months of death)

Major findings: Ca of cervix

Of operations Ca of cervix

Of autopsy Ca of cervix

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) (c) Means of injury

23. Signature E. Charles (M. D. or other) _____

Address Charleston Mo. Date signed 2/22/43

Duration 14YR

3M0+

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 443-541

Date Filed 4-15-43

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 *John P. Munnelle Jr*

Licensed Embalmer No. 3851

P.O. Address *Charleston, 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.