

S. No. 2  
OM-5-42  
Rev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17466

State File No. ....

FILED JUN 4 1943

Registration District No. 42

Primary Registration District No. 2007

Registrar's No. 149

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff

(c) Name of hospital or institution: Pike Street  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

3. (a) PRINT FULL NAME June Watson SPENCER

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female / 5. Color or race White

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

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

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

7. Birth date of deceased: April 28 1943  
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 1 If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business.....

12. Name William Watson (mother not married)

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

14. Maiden name Spencer

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

16. (a) Informant Bud Spencer

(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof May 1, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery Greer Croy Funeral Serv.

18. (a) Signature of funeral director 442 Vine St. Poplar Bluff, Mo.

(b) Address.....

19. (a) 5-8-43 (b) Belle Kinne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

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

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29th 1943  
Month day year. hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 28 1943 to April 29 1943  
or April 29 1943

that I last saw him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death Nemorrhage of the brain from delirium

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 160c

Major findings: Of operations.....

Of autopsy no

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 J. R. Daniel (M. D. or other).....  
Address Poplar Bluff, Mo. Date signed 5-1-43

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

12  
7  
3

92

RECEIVED

District Health Office No. 2,

District File Number 643-707

Date Filed 6-1-43

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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.....

L.V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....

M. G. Berry

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.