

FILED JAN 10 1944
Registration District No. 143

Primary Registration District No. 2560

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

1. PLACE OF DEATH:

(a) County Howell TWP
(b) City or town Willow Springs Mo
(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 _____ years, months or days) 2 yrs

8. (a) PRINT FULL NAME SARA H. A. H. Spencer

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased Oct-11-1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business

12. Name JOHN F. SPENCER

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

14. Maiden name MRS WINTZRODE

15. Birthplace DON'T KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nora Blewett

(b) Address Willow Springs, Mo

17. (a) BURIAL (b) Date thereof Dec 21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARVARD, Neb-

18. (a) Signature of funeral director J. S. Cottrell

(b) Address Willow Springs, Mo

19. (a) 12-19-43 (b) Paula Ferguson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 2

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

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

(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1943 hour 9 minute 30 P.

21. I hereby certify that I attended the deceased from DEC 17 DEC-18 1943, to DEC 18 1943 that I last saw her alive on DEC 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Duration _____

Due to Broncho-pneumonia 5 Days

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury

23. Signature J. S. Cottrell _____

Address Willow Springs Date signed 12/19/43

RECEIVED

District Health Officer No. 14426

District File Number

Date Filed 1-6-44

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.....

J. R. Burns

Licensed Embalmer No. 1837

P. O. Address Willow Springs, 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, above space should be left blank.