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FILED JAN 12 1943  
Registration District No. 8801

Primary Registration District No. 6178

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Cora  
(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)

In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Nora Esther Spencer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female Color or race White

5. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Geo. Mc Clelland Spencer

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov 15, 1876  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>		<u>3</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Samuel Brown

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Bessie Crandal

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Nashel Spencer

(b) Address Cora, Mo.

17. (a) Cremation (Burial, cremation, or removal)

(b) Date thereof Dec 20, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Columbian, Milan, Mo.

18. (a) Signature of funeral director Frank D. Green

(b) Address Milant, Mo.

19. (a) Jan 6, 1944 (Date received local health order)

(b) Mrs. D. Green (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

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

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

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1943 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 7, 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 Carcinoma of pancreas

Duration months

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Terminal hemorrhage  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy H & G

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)

(e) Means of injury \_\_\_\_\_

23. Signature J. S. Montgomery (M. D.)

Address Milant Mo. Date signed Dec 18

MAR - 8 1944

MAR 20 1944

RECEIVED

District Health Officer No. 10

District File Number 1-44-91

Date Filed JAN 11 1944

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 Frank D. Shove

Licensed Embalmer No. 2016

P. O. Address Milan, N

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.