

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Saltspring Township
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. Rural Route #3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Alice Campbell Spicer

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1944 hour 6:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 15
1944 to Feb 17 1944
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased August 1875
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 3hr

8. AGE: Years Months Days If less than one day
68 6 10 _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation housewife

Major findings: Of operations _____

Of autopsy _____

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

11. Industry or business _____

12. Name Bently Broadus

13. Birthplace Don't know _____
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Hefflin

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

16. (a) Informant Mr. Arthur Spicer

(b) Address Decatur, Illinois

17. (a) burial (b) Date thereof 2/19/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Missouri

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? _____

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville Mo

19. (a) 3-3-44 (b) Mrs P. Wagner
(Date received local registrar) (Registrar's signature)

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

23. Signature H. G. Giffels (M. D. or other) _____
Address Moberly Date signed 2/19/44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 3-44-495

Date Filed MAR 7 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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address. Huntsville, Ala.

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.