S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1945

Registration District No. 776

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 61478

Primary Registration District No. 5656

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Lawrence Burg Rfd
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Mary 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 Widow

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

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

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

8. AGE: Years	Months	Days	If less than one day
86	6		hr. min.

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

10. Usual occupation Retired House Wife

11. Industry or business

FATHER
12. Name Pleasent Bigger
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Myrtle Dyer

(b) Address Lawrence Burg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 21 44 (Month) (Day) (Year)

(c) Place: burial or cremation Kings Prairie

18. (a) Signature of funeral director Morris & Leiman

(b) Address Ash Grove Mo

19. (a) 11-20-44 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year 1944 hour 6 10 minute P M.

21. I hereby certify that I attended the deceased from Oct 5, 1944 to Oct 20, 1944 that I last saw her alive on Oct 17, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular fibrilation	3 months
Due to	
AFA	
Due to	
Other conditions (Include pregnancy within 3 months of death) General senility	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. M. Clark M.D. (M. D. or other)

Address Hall Town Mo. Date signed 10-21-44

1182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 145-14
Date Filed JAN 9 1945

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 Maude D. Morris

Licensed Embalmer No. 2065

P. O. Address Ash Grove 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.