

FILED JAN 1 1945

Registration District No. **242**

Primary Registration District No. **4362**

Registrar's No.

1. PLACE OF DEATH:

(a) County **New Madrid**
(b) City or town **Morehouse**
(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) **1**
(d) Length of stay: In hospital or institution. (Specify whether)
In this community **50 years** (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**
(c) City or town **Morehouse Mo.**
(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.

3. (a) PRINT FULL NAME **Nora Effie Spence**

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

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

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

7. Birth date of deceased. **3 13 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 15 hr. min.

9. Birthplace **New Burnside Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER
{ 12. Name **Nathan Hurt**
13. Birthplace **Near Anna, Ill.**
(City, town, or county) (State or foreign country)
{ 14. Maiden name **Selena J. Sanders**
15. Birthplace **Near Anna, Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Spence**
(b) Address **Morehouse Mo.**

17. (a) **Burial** (b) Date thereof **12/2/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston Mo.**

18. (a) Signature of funeral director **H.W. Albritton**

(b) Address **Sikeston Mo.**

19. (a) **Dec. 10, 1943** (b) **Miss Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **28**
year **1943** hour **9** minute **a.m.**

21. I hereby certify that I attended the deceased from **9-28**
1943 to **11-28**, 19**43**
that I last saw **her** alive on **11-28**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **1 day**

Due to **94A**

Due to

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury
23. Signature **J. M. Darns** (M. D. or other) **M.D.**
Address **Morehouse Mo.** Date signed **11-30-43**

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

NOV 2 1945

MAR 25 1948

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.....

Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Hunter Albritton*.....

Licensed Embalmer No..... 4210.....

P. O. Address..... Sikeston 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.