. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2372

State File No. .....

FILED FEB 9 1945

Registration District No. 1 4 5 0 Primary Registration District No. 4 2 3 2 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: Willow Springs
(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 years, months or days)
In this community: Forty six years

2. USUAL RESIDENCE OF DECEASED: 46
(a) State: Missouri (b) County: Howell
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: Burnham community 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 11

3. (a) PRINT FULL NAME: Daisy Elizabeth Spence
3. (b) If veteran, name war: 1
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Monroe Spence
6. (c) Age of husband or wife if alive: deceased
7. Birth date of deceased: November 30, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	X	7	hr. min.

9. Birthplace: Indiana (City, town, or county) (State or foreign country)
10. Usual occupation: Mother & housewife
11. Industry or business:
FATHER 12. Name: Samuel O. Stanley
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary M. Bailey
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: John Spence
(b) Address: Willow Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Burnham cemetery
18. (a) Signature of funeral director:
(b) Address: Willow Springs, Mo.
19. (a) 12-9-44 (Date received local registrar) (b) Nanette Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1944 hour 3:30 minute a. M.
21. I hereby certify that I attended the deceased from July-1, 1938, to 12-7-, 1944 that I last saw her alive on 12-6-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 hrs.
Due to Arteriosclerosis	10 yrs.
Due to Hypertension	10 yrs.
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: O. Callihan (M. D. or other)
Address: Willow Springs Date signed: 12/9/44

345 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14534
Date Filed 11-16-45

SEP 4 1956

AUG 15 1957

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. C. Burns

Licensed Embalmer No. 3379

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, fact should be so stated above.