7. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1945

Registration District No. 150

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6834

State File No.

Primary Registration District No. 5572

Registrar's No. 18

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles north of Pleasant Hill.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Home 1
In this community: 72 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 mi. N. of Pleasant Hill
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary Magdaline 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: widowed
6. (b) Name of husband or wife: Philander Spencer
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: November (Month) 17 (Day) 1849 (Year)

8. AGE: Years 95 Months 2 Days 19 If less than one day hr. min.
9. Birthplace: Desoto, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Christian Knorpp
FATHER 13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mary Norwine
MOTHER 15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: J. Edgar Spencer.
(b) Address: Rural Pleasant Hill, Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof: 2-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.
18. (a) Signature of funeral director: Allen Brownfield
(b) Address: Pleasant Hill, Mo.
19. (a) Feb. 7, 1945 (Date received local registrar) (b) F. M. Schiele M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6 year 1945 hour 12 minute 30 a.m.
21. I hereby certify that I attended the deceased from Jan. 24, 1945, to Feb. 6, 1945, that I last saw her alive on Feb. 5, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	
Due to:	
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: W. Murray M.D. (M. D. or other)
Address: Pleasant Hill, Mo. Date signed 2-7-45

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(Licensed Embalmer's Statement on Reverse Side)

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

By me Feb-6-45, Registered Apprentice No.

working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3788

P. O. Address Pleasant Hill 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.