

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 23 1945

Registration District No. 133Primary Registration District No. 5483Registrar's No. 33

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural Bethany Twp
(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 most of life
years, months or days3. (a) PRINT FULL NAME Harland Wilbur Spence

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 26 1930
(Month) (Day) (Year)8. AGE: Years 14 Months 9 Days 20 If less than one day hr. _____ min. _____9. Birthplace Harrison County Mo. U
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business _____

12. Name Dick Spence13. Birthplace Bethany Mo. U
(City, town, or county) (State or foreign country)14. Maiden name Mary Burton15. Birthplace Harrison County Mo. U
(City, town, or county) (State or foreign country)16. (a) Informant Dick Spence(b) Address Bethany Mo17. (a) Burial (b) Date thereof Mar. 25 1945
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Oakland Cemetery18. (a) Signature of funeral director Joe E. Wheeler(b) Address Bethany Mo.19. (a) Mar. 25 45 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison(c) City or town Bethany 41
(If outside city or town limits, write "RURAL")(d) Street No. _____ (If rural, give location) U(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1945 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cancer of BrainDue to Had been operated uponDue to 9 months previous

Other conditions _____ (Including pregnancy within 9 months of death)

Major findings: Large Growth at the Base of the Brain.Of operations _____ Of autopsy JH

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 Car23. Signature Joe E. Wheeler (By _____)Address Bethany Mo Date signed 3/25/45

(Licensed Embalmer's Statement on Reverse Side)

303

1945

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

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 Joe E Wheeler
Licensed Embalmer No. 3512
P. O. Address Bethany 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.