No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 25 1946 STANDARD CERTIFICATE OF DEATH

State File No. 3269

Registration District No. 211 Primary Registration District No. 5737 Registrar's No.

1. PLACE OF DEATH:

(a) County MACON CO.

(b) City or town RURAL - JOHNSON 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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 79 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MACON 61

(c) City or town LAPLATA 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY ELLA SELF

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife M. M. SELF

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

7. Birth date of deceased AUGUST (Month) 26 (Day) 1866 (Year)

8. AGE: Years 79 Months 4 Days 1 If less than one day hr. min.

9. Birthplace MACON CO. (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOSEPH M. SPENCER
13. Birthplace (City, town, or county) TENN. (State or foreign country)

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

16. (a) Informant Mrs. O. F. Elson
(b) Address Laplata Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30-45 (Month) (Day) (Year)

(c) Place: burial or cremation Laplata Cemetery

18. (a) Signature of funeral director G. H. Easley Jr.
(b) Address Kirkland Mo.

19. (a) Jan 8-45 (Date received local registrar) (b) Mrs O. B. Griffin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27 year 1945 hour 8 minute 20 P.M.

21. I hereby certify that I attended the deceased from Dec. 15, 1945 to Dec. 27, 1945 that I last saw her alive on Dec. 26, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	12 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 107	

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 C. S. Buckley (M. D. ~~or other~~)

Address LaPlata Mo. Date signed 12-28-45

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
District File Number 1-46-75
Date Filed JAN 23 1946

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 Geo B Eiasley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.