

FILED MAR 29 1946

Registration District No. 5

Primary Registration District No. 20015581

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
Joplin Mo R.F.D. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
R.F.D. #
(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 Thomas T Spencer

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 alive _____ years

7. Birth date of deceased Oct 20 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 4 6 hr. _____ min.

9. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas M. Spencer
13. Birthplace Joplin Missouri
14. Maiden name Sarah L. Roland
15. Birthplace Quapaw Okla.
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah L Spencer
(b) Address R.F.D. # 3 Joplin Missouri

17. (a) Burial (b) Date thereof 3-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osburne Memorial
Hurlbut Und Co

18. (a) Signature of funeral director _____
(b) Address Joplin Mo

19. (a) 3-19-46 (b) Ed Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 25 Feb
1946 to Feb 25 1946
that I last saw him alive on Feb 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, broncho

Due to Complication of measles
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 25
Of autopsy 2

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 Ed Spencer (M. D. or other) MD
Address Frisco Bldg Date signed 2-28-46

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

5-22-49

8803

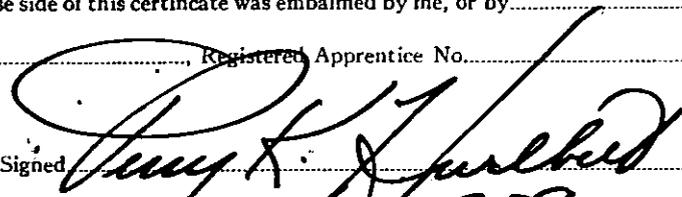
46-2-200

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.....



Licensed Embalmer No. 959

P. O. Address *Jasper Hill*

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.