V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16510

FILED

Registration District No. 141

Primary Registration District No. 5554

Registrar's No. 3

46

15392

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Pottersville Mo.
(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
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 4

(c) City or town Pottersville 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Geo. Riley Spencer

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

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Florence Spencer 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 12-17 (Month) (Day) 1871 (Year)

8. AGE: Years 75 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Dent Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation .....

11. Industry or business Farmer

FATHER
12. Name G R Spencer
13. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Jane Hudlow
15. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Harry Spencer
(b) Address Pottersville, Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 4-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Pottersville, Mo

18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo

19. (a) May 11, 1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/9, 1945 to 4/18, 1946 that I last saw him alive on 4/18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation	4 yr
Due to	
Due to Endocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 92 X	

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) X

(b) Date of occurrence X

(c) Where did injury occur? Y (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? X (e) Means of injury X

23. Signature Maurice Thompson (M. D. or other) MD

Address West Plains Mo Date signed 5/6/46

125

(Licensed Embalmer's Statement on Reverse Side) Thompson

RECEIVED
District Health Officer No. 5,
District File Number 646378
Date Filed 6-10-46

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.....

P. O. Address.....

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.