S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33914

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 3130 Jackson 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary Eliose 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 Child 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June 11 (Month) 1935 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
11	3	23	hr. min.

9. Birthplace Fayetteville, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Luther Ray Spencer
13. Birthplace Newton County, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lily Belle Oliver
15. Birthplace Lawrence Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Luther Spencer

(b) Address 3130 Jackson, Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 10-8-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1946 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from Oct 1, 1946, to Oct 3, 1946
that I last saw him alive on Oct 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ~~Chronic~~ Sub acute, Appendicitis

Due to

Due to

Other conditions Enlarged Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pus appendix, post recef.
Of autopsy Yes

Duration

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 0

23. Signature C C Coats (M. D. or other) MD
Address Joplin Mo Date signed 10-5-46

138 (Licensed Embalmer's Statement on Reverse Side)

46-10-872

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.