

FILED JUN 28 1947

Registration District No. _____

Primary Registration District No. **3016**

Registrar's No. **138**

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 34 years
years, months or days

3. (a) PRINT FULL NAME Charley Asher Spencer

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased February 18 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>4</u>	<u>4</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name W. E. Spencer

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Honora ?

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Coleman J. Spencer

(b) Address Humboldt, Kansas

17. (a) Burial (b) Date thereof June-24-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata, Missouri

18. (a) Signature of funeral director John J. Jordan

(b) Address Jefferson City, Missouri

19. (a) 6-23-47 (b) R. P. Damm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 100 West High Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1947 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from May 18 to June 21 1947
that I last saw him alive on June 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Electrolytic Heart Arrest
Due to Arterio Sclerosis
Due to General

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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? _____ (c) Means of injury _____

23. Signature R. P. Damm (Date signed 6/23/47)
Address Jefferson City, Mo.

RECEIVED
District Health Officer No. 9,
District File Number
JUL 2 1947
Date Filed

JUL 7 1947

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..... *Ferd Dulle*

Licensed Embalmer No. *3890*

P. O. Address..... *Jefferson City 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.