

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24019

State File No. _____

FILED AUG 15 1947

Registration District No. 10

Primary Registration District No. 3024

Registrar's No. 41

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

1. PLACE OF DEATH:
 (a) County Howard
 (b) City or town Fayette
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lee Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether
 In this community All his life
years, months or days)

3. (a) PRINT FULL NAME Spencer Alexander McCrary
 (b) If veteran, name war ----
 (c) Social Security No. ----

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Stella Earickson
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased October 11, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 9 12 hr. --- min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Spencer H. McCrary Sr.

13. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Miller

15. Birthplace Howard Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stella McCrary

(b) Address Fayette, Missouri

17. (a) Burial Burial (b) Date thereof 7/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Walnut Ridge Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) 8-2-1947 (b) Spencer H. McCrary
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Howard
 (c) City or town Fayette (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. ---
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
 year 1947 hour 2:15 minute P. M.

21. I hereby certify that I attended the deceased from July 22, 1947, to July 23, 1947, that I last saw him alive on July 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Fracture dislocation of 3rd cervical vertebra

Duration 1 day

Due to _____

Due to _____

Other conditions Go A
(Include pregnancy within 5 months of death)

Major findings: Go A
 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: 45

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 22-47

(c) Where did injury occur at home near Fayette Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? Yes (Specify type of place) (c) Means of injury Fall from roof

23. Signature Spencer H. McCrary (M. D. or other) M.D.
 Address Fayette, Mo. Date signed 7-28-47

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-14-54

OCT 14 1954

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, _____

Lloyd O. Jasper

working under my personal supervision.

Registered Apprentice No. 461

Signed *Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address *Fayette 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.