

S. No. 2  
 1-12-45  
 7-5-17-39  
 I X47070

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

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
**FILED FEB 18 1948**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **5575**  
 Registration District No. **231**  
 Primary Registration District No. **4346**  
 Registrar's No. **4**

**1. PLACE OF DEATH:**  
 (a) County **Montgomery**  
 (b) City or town **Montgomery**  
 (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 **4 yrs** (Specify whether years, months or days)  
 In this community **4 yrs**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Montgomery**  
 (c) City or town **Montgomery**  
 (d) Street No. **/**  
 (e) Citizen of foreign country? **no**  
 If yes, name country **/**

**3. (a) PRINT FULL NAME** **John Spencer**  
**3. (b) If veteran,** name war **/**  
**3. (c) Social Security** No. **/**  
**4. Sex** **M** **5. Color or race** **C**  
**6. (a) Single, widowed, married, divorced** **M**  
**6. (b) Name of husband or wife** **Lucy Spencer**  
**6. (c) Age of husband or wife if alive** **65** years  
**7. Birth date of deceased** **Sept 26 th 1874**  
 (Month) (Day) (Year)  
**8. AGE:** Years **73** Months **3** Days **22**  
 If less than one day hr. min.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Jan** day **17<sup>th</sup>** year **1948** hour **10** minute **50** a.m.  
**21. I hereby certify that I attended the deceased from** **April 27**, 19**48** to **Jan 17**, 19**48**  
 that I last saw him alive on **Jan 17**, 19**48** and that death occurred on the date and hour stated above.

Immediate cause of death **Asphyxiation, Pneumonia & Cerebral Hemorrhage**  
 Due to **Right Hemiplegia**  
 Due to **arteriosclerosis**  
 Other conditions **Senility**  
 (Include pregnancy within 3 months of death)  
 Major findings: **/**  
 Of operations **/**  
 Of autopsy **/**  
 Duration **1 day**  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**9. Birthplace** **Miss** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **None**  
**11. Industry or business** **/**  
**12. Name** **Robert Spencer**  
**13. Birthplace** **no** (City, town, or county) (State or foreign country)  
**14. Maiden name** **no**  
**15. Birthplace** **no** (City, town, or county) (State or foreign country)  
**16. (a) Informant** **Lucy Spencer**  
**(b) Address** **Montgomery City Mo**  
**17. (a) Burial** (b) Date thereof **I-21-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Montgomery City Cem**  
**18. (a) Signature of funeral director** **C. W. Hopkins**  
**(b) Address** **Montgomery City Mo**  
**19. (a) 1-23-48** (b) **Union L. Spores**  
 (Date received local registrar) (Registrar's signature)

**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** **E. T. Anderson** (M. D. or other) **M. D.**  
**Address** **Montgomery City** **no** Date signed **1/20/48**

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2/1/48

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, on the 18th  
day of Jan 1948, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery 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.