

S. No. 2
1-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32334**

FILED NOV 10 1948

Registration District No. **70**

Primary Registration District No. **4124**

Registrar's No. **54**

1. PLACE OF DEATH:

(a) County Clark

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

(c) Name of hospital or institution: 1
(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 Missouri (b) County Clark **23**

(c) City or town Kahoka
(If outside city or town limits, write "RURAL") **3**

(d) Street No. 750 N. Jefferson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ettie May Spenser

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th
year 1948 hour 2 minute P- M.

4. Sex F. M! 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harvey J. Spenser

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 19-1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1, 1948 to Oct 28, 1948
that I last saw her alive on Oct 26, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 5 Days 9
If less than one day _____ hr. _____ min.

Immediate cause of death: Carcinoma of Lymphatics of Throat
Due to Carcinoma of breast

Duration _____

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

10. Usual occupation House wife

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

11. Industry or business _____

MOTHER FATHER { 12. Name John Prickett

13. Birthplace Charenton Co Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Georgiana Sherwood

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

Major findings: Of operations b7D

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lloyd H. Spenser

(b) Address Kahoka Mo.

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

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

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director Fred J. Harlan

(b) Address Kahoka Mo.

19. (a) Nov 2 48 (b) J. H. Bridges
(Date received local registrar) (Registrar's signature)

(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 ✓

23. Signature Perry J. Boston (M. D. or other) Do.
Address Kahoka, Mo. Date signed 10-29-48

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

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1
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NOV 13 1948

RECEIVED

District Health Officer No. 10.

District File Number 11-48-1922

Date Filed NOV 9 - 1948

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 Fred J. Karle
Licensed Embalmer No. 1023
P. O. Address Kahoka 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.