

FILED OCT 29 1956

STANDARD CERTIFICATE OF DEATH

34525

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weth City Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Weth City Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT a hospital, give location) HOSPITAL OR INSTITUTION <u>915 N. WALKER ST</u> Length of stay in 1b <u>40 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>915 N. WALKER ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>William (Bill)</u> Last <u>Spencer</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>14</u> Year <u>1956</u>	
5. SEX <u>MALE</u> COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
6. 8. DATE OF BIRTH <u>Oct 18, 1887</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEAT</u>	
11. BIRTHPLACE (City and state or country) <u>HARPER Co. N.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John W. Spencer</u>		14. MOTHER'S MAIDEN NAME <u>Mary F. Drake</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-03-8769</u>	
17. INFORMANT <u>Mary Spencer</u> Address <u>Weth City Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary T.B.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1954</u> to <u>10-14-56</u> and last saw her alive on <u>10-12-56</u> Death occurred at <u>9 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J.M. Poole</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>Carterville, Mo</u>	
22c. DATE SIGNED <u>10-16-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-16-1956</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Carterville Mo</u>	
24. FUNERAL DIRECTOR <u>Johnston - Bruce - Simpson Mortuary</u> ADDRESS <u>7 E. Union</u>		25. DATE RECD. BY LOCAL REG. <u>10-16-56</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

County File Number 56-18-819
Date Filed OCT 25 1956

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 _____, Student Embalmer No. _____
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harry E. Bruce*.....

Licensed Embalmer No. 440

P. O. Address *Weth. Co.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.