DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26453

Registration District No. 1154 AUG 23 1940 Primary Registration District No. 4-5-8-6065 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Scott Kelso Mo

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

(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 2 (Specify whether
In this community 42
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Ancell
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Martin V Speaks 120

3. (b) If veteran, name war ✓

3. (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 VINA SPEAKS

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

7. Birth date of deceased Oct (Month) 4 (Day) 1860 (Year)

8. AGE: Years 79 Months 9 Days 27 If less than one day ..... hr. ..... min.

9. Birthplace ALEXANDER CO. (City, town, or county) ILL (State or foreign country)

10. Usual occupation LABORER

11. Industry or business 1

FATHER
12. Name ELIJAH SPEAKS 1
13. Birthplace ..... (City, town, or county) ILL (State or foreign country)

MOTHER
14. Maiden name ADDIE DUNCAN
15. Birthplace ..... (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature Vina Speaks

(b) Address Ancell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 2 (Day) 40 (Year)

(c) Place: burial or cremation Kelso Mo Dannammueller Cem

18. (a) Signature of funeral director Bisplinghoff + Hubbard

(b) Address Illmo Mo

19. (a) Aug 2, 1940 (Date received local registrar) (b) Paul Bray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 1 year 1940 hour 17 minute 0 M.

21. I hereby certify that I attended the deceased from July 28, 1940, to July 31, 1940 that I last saw him alive on July 31, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Phrenic Myocarditis

Due to 92 C

Due to

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

Major findings:
Of operations ✓

Of autopsy ✓

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature E. T. Dorris (M. D. or other) 1

Address Illmo Mo Date signed 8-1-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 2,
District File Number 840-129
Date Filed 8/5/40

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.