V. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31495

Registration District No. 84 Primary Registration District No. 5125 Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Rural Rush Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: //
Sugar Lake
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

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

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

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

3. (a) PRINT FULL NAME FREDRICK RUSSELL SPEAKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race wht.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. (Month) 2nd. (Day) 1922 (Year)

8. AGE: Years 17 Months 7 Days 20 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Student 1

11. Industry or business 0

FATHER
12. Name Fredrick Russel Speaker
13. Birthplace Omaha (City, town, or county) Nebr. (State or foreign country)

MOTHER
14. Maiden name Katherine Kamler
15. Birthplace Easton (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Fredrick Russell Speaker
(b) Address 112 Russell St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7, 25 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address ST. JOSEPH, MO.

19. (a) 7-24-1940 (Date received by local registrar) (b) L. F. Singer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1940 hour 10 minute A M.

21. I hereby certify that I attended the deceased from July 22nd 1940, 19__, to ####-#### 19__; that I last saw him alive on 19__; and that death occurred on the date and hour stated above.

Viewed

Immediate cause of death Accidental drowning — Duration

Due to

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

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) Accidental
(b) Date of occurrence July 22nd 1940
(c) Where did injury occur? St Joseph, Buchanan Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury drowning

23. Signature B. W. Tadlock Coroner (M. D. or other)
Address Kirby Hall Bldg. Date signed 7-24-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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, above space should be left blank.