

No. 2
4-13-40
5-17-39
X22159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36002

State File No. _____

Registrar's No. 18

NOV 20 1940
Registration District No. 497

Primary Registration District No. 497

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge
(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 20
(Specify whether years, months or days)

In this community life time
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ed Spickert

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ann B. Spickert

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 10, 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>9</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Spickert

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Mary K. McKenzie

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

16. (a) Informant George Spickert

(b) Address Green Ridge, Missouri

17. (a) Burial (b) Date thereof Oct. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Hickory Point

18. (a) Signature of funeral director Dream Curry

(b) Address Sedalia, Missouri

19. (a) Oct 26 1940 (b) H. R. Shelley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1940 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 17, 1940 to Oct 24, 1940
that I last saw him alive on Oct 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to _____

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

chronic interstitial nephritis

Major findings:
Of operations _____

Of autopsy 121

Duration 37 days

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature H. A. Hite (M. D. or other) _____
Address Green Ridge Mo Date signed 10/26/40

Dr. Hite

Green Ridge

RECEIVED
District Health Officer No. 8
District File Number 11-8-110
Date Filed

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 *Ruano Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Bedford*

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.