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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21632

Registration District No. 292 Primary Registration District No. 5-410 Registrar's No. 45-

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: Berger, Hid Home
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Berger 0
(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.? entire life 0 years.

3. (a) PRINT FULL NAME JOHN PHILLIP SPECKHALS

3. (b) If veteran, name war No.

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 Kattie

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

7. Birth date of deceased Jan (Month) 2 (Day) 1883 (Year)

8. AGE: Years 58 Months 6 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Berger, Mo (City, town, or county) Rural 0 (State or foreign country)

10. Usual occupation Day Stock Labor

11. Industry or business Laborer

FATHER
12. Name Ignatz Spekkhals
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Meyer
15. Birthplace Berger, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Spechkals
(b) Address Berger, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 16 (Day) 41 (Year)
(c) Place: burial or cremation St. Pauls Cemetery

18. (a) Signature of funeral director Herman Blum
(b) Address Berger Mo

19. (a) July 15-41 (Date received local registrar) (b) Jeffie Grammann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 14
year 1941 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from May, 10, 1941, to July, 14, 1941;
that I last saw him alive on July, 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the stomach

Due to

Due to

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

Major findings:
Of operations Cancer of the stomach with metastisis to the liver
Of autopsy

46 P

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

265

23. Signature Carl A. Pace (M. D. or other) D.O.
Address Berger, Mo Date signed 7/14/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1941

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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Bergen, Mo

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

If this body is not embalmed, fact should be so stated above.