V. S. No. 2
1—11-10-39
v. 5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 27 1942

Registration District No. 235

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21011

State File No.

Primary Registration District No. 4142

Registrar's No.

1. PLACE OF DEATH:

(a) County Dade

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

(c) Name of hospital or institution: in Dadeville MO. 1
(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 53 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Polk~~ Dade 27

(c) City or town Dadeville (If outside city or town limits, write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Luther Speight

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 1

6. (b) Name of husband or wife Clara Speight

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Mar. 21, 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired Mail Carrier

11. Industry or business Rural Mail Route

FATHER
12. Name Joshua Gray Speight
13. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

MOTHER
14. Maiden name Fannie Potter
15. Birthplace (City, town, or county) Tenn 1 (State or foreign country)

16. (a) Informant Clinton Speight

(b) Address Dadeville MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19-42 (Month) (Day) (Year)

(c) Place: burial or cremation Dade Ville, MO.

18. (a) Signature of funeral director Erwin Funeral Home

(b) Address Dadeville, MO.

19. (a) 6/20-42 (Date received local registrar) (b) Nora Pyle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, year 1942 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to June 17, 1942, that I last saw him alive on June 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac dilitation	Instant
Due to Chronic Myocarditis	2 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy none made

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 B B Kirby (M. D. or other)

Address Dadeville MO Date signed 6-19-42

(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 Willard B. Edwards

Licensed Embalmer No. 3092

P. O. Address Bolivar, Mo.

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.