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OM-542  
5-17-39  
PI X2

21751

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

Registration District No. 170

Primary Registration District No. 5629

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

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Bennett Spring State Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nianqua 3 River  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)  
In this community always \_\_\_\_\_ (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Laclede  
(c) City or town Lebanon  
(If outside city or town limits, write "RURAL")  
(d) Street No. R#4  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DALE ELDON SPEAKER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lyla E. Hough 6. (c) Age of husband or wife if alive 19 years  
7. Birth date of deceased Sept 24 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
20 8 26 hr. \_\_\_\_\_ min.

9. Birthplace Laclede Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Oil Business

11. Industry or business \_\_\_\_\_

12. Name Thornton J. Speaker

13. Birthplace Laclede Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Emmie Bacon

15. Birthplace Laclede Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Thornton J. Speaker  
(b) Address Lebanon R#4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Palmer  
(b) Address Lebanon Mo

19. (a) 7-5-43 (Date received local registrar) (b) Grace Popper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1943 hour 4 minute 20 PM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death DROWNED

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 183-3

Major findings: 36  
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) ACCIDENT O.S.  
(b) Date of occurrence JUNE 20TH 1943  
(c) Where did injury occur? BENNETT SPG, LACLEDE MO  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
NIANQUA RIVER

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. G. Brook J.P. ACTING CORONER  
(M.D. or other)  
Address LEBANON Mo Date signed 6/21/43

Received ..... JUL 6 1943

Laclede County Health Unit

File No. .... 6-43-94

Date Filed ..... JUL 9 1943

DEC 6 1945

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**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 *Allyn Dethage* .....

Licensed Embalmer No. *4333* .....

P. O. Address *Lebanon 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, fact should be so stated above.**