DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

Registration District No. 383

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5655

State File No. 15103

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
Missouri State Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 64 days (Specify whether
In this community 64 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

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

(d) Street No. 2103 Manitou
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Hardy M. Speak

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Juanita Speak

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Nov. (Month) 27 (Day) 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
32	4	22	hr. min.

9. Birthplace Granby (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Post Office employee

11. Industry or business

FATHER
12. Name Hollie E. Speak
13. Birthplace Unknown (City, town, or county) ~~Kentucky~~ VIRGINIA (State or foreign country) 1

MOTHER
14. Maiden name Nora Cupps
15. Birthplace Branby (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation OZARK MEM. CEMETERY

18. (a) Signature of funeral director HURLBUT UND. CO
(b) Address Joplin, Missouri

19. (a) 4/20/44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

1388

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1944 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from Feb. 15th, 1944, to April 18, 1944;
that I last saw him alive on April 18, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis About Tbc. laryngitis	10 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 fl

Major findings:
Of operations autopsy: Pulm Tbc, Tbc. liver, spleen, adrenals, kidneys, ulcer of bladder, fatty degen. of liver, Tbc. enteritis & typhlitis
Of autopsy

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 G F Kayhawa (M. D. or other) MD
Address Mo. S.S., Mt. Vernon, Mo Date signed 4-18-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 544-547
Date Filed MAY 6 1944

MAY 17 194

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin MO

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

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