

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25081

FILED JUL 20 1944

Registration District No. 178

Primary Registration District No. 5659

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town RURAL Canton  
(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) 1  
(d) Length of stay: In hospital or institution 6 months  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Charles F. Speer

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 Lizzie Alderton 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Dec. 21, 1870  
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Scotland Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER { 12. Name Thos. F. Speer  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Rachel F. Hayden  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lizzie Speer  
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof 6/11/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maconda Baptist Church

18. (a) Signature of funeral director W. Buckley

(b) Address Canton, Mo.

19. (a) 6/10/44 (b) P.W. Jennings  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9  
year 1944 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from April, 1944, to June 9, 1944, that I last saw him alive on June 7, 1944, and that death occurred on the 7 and hour stated above.

Immediate cause of death Coccyx occlusion  
Due to Cholera

Due to Fabry's Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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)  
(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? (a) Means of injury

23. Signature S. J. Helled (M. D. or other) Dr.  
Address Canton Date signed 6-9-44

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

5600

257

**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 Carl J. Buckley  
Licensed Embalmer No. 2615  
P. O. Address Canton, 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.**