

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10858

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 9941

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

1. PLACE OF DEATH

(a) County Vernon
(b) City or town Neuada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
411 W. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Neuada
(If outside city or town limits, write "RURAL")
(d) Street No. 411 W. Walnut
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna, Mable Speece

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife H. H. Speece 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased April 20, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Page Co. Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jama M. Black

13. Birthplace Vernonville Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary J. Nelson

15. Birthplace Washington Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant H. H. Speece

(b) Address Neuada, Mo.

17. (a) Burial (b) Date thereof 3-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Deepwood

18. (a) Signature of funeral director Richard J. ...

(b) Address Neuada, Mo.

19. (a) 3-30-45 (b) Hazel B. Beuick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 22 year 1945 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 23, 1943, to Mar 22, 1945; that I last saw her alive on Mar 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hr.

Due to Hypertensive heart disease

Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 9/30/1 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 F. L. Martin (M. D. or other) M.D. Address Neuada Date signed 3-25-45

RECEIVED

District Office No. 7,

District file number 3-45-293

Date Filed 4-9-45

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 Mark Seehinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.)

45-5 If this body is not embalmed, fact should be so stated above.