

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:  
Home Rural route 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 About 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78

(c) City or town Hayti Rural route 1  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Jane Speer

(b) If veteran, name war X

(c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17  
year 1946 hour 11 minute 20 P.M.

4. Sex Female/ 5. Color or race White

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

6. (b) Name of husband or wife Joe H. Speer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: January 3, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 14, 1946 to April 17, 1946  
that I last saw her alive on April 17, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>4</u>	<u>14</u>	hr. _____ min.

Immediate cause of death:  
Caner of Stomach

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

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

9. Birthplace: Unknown Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation: House-wife

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: \_\_\_\_\_

11. Industry or business: X

MOTHER FATHER { 12. Name: Robert P. Tidwell

13. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant: Mr. Joe H. Speer

(b) Address: Hayti, Mo. R.R. 1

17. (a) Burial (b) Date thereof: 5/19/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Hayti, Cemetery

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? \_\_\_\_\_

18. (a) Signature of funeral director: J. S. Smith Funeral Home  
Caruthersville, Mo.

(b) Address: \_\_\_\_\_

19. (a) 5/18/46 (b) J. S. Smith  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury: \_\_\_\_\_

23. Signature: J. S. Smith M.D. (M. D. or other) \_\_\_\_\_  
Address: Hayti, Mo. Date signed: 5/18/46

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

COPIED

5-46-118

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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..... *James A. Osburn* .....

Licensed Embalmer No..... 4185 .....

P. O. Address..... Caruthersville, 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.**