S. No. 2
I—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31173

Registration District No. 290 Primary Registration District No. 4-4-27-598 3 Registrar's No. 81

1. PLACE OF DEATH:
(a) County: PULASKI
(b) City or town: FT. LEONARD Wood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 53 D. ROLLA ST.
(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) 4 years
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pulaski
(c) City or town: Ft. Leonard Wood
(If outside city or town limits, write "RURAL")
(d) Street No.: 53 D. Rolla St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: GEORGE KARL SPECKHALS
3. (b) If veteran, name war:
3. (c) Social Security No. 702-14-5023
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: KATY SPECKHALS
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: MAR (Month) 26 (Day) 1890 (Year)
8. AGE: Years 56 Months 5 Days 27 If less than one day hr. min.
9. Birthplace: BERGER (City, town, or county) Mo (State or foreign country)
10. Usual occupation: ELECTRICAN.
11. Industry or business:
FATHER 12. Name: Charles Speckhals
13. Birthplace: (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Madaglina Pfitzinger
15. Birthplace: (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Geo. Speckhals
(b) Address: 53 D Rolla St, Ft Leonard Wood Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Hermann Mo
18. (a) Signature of funeral director: Hugo F. Blumer
(b) Address: Hermann Mo
19. (a) 9/27/46 (Date received local registrar) (b) Louise B. McClintock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22 year 1946 hour 8 minute a M.
21. I hereby certify that I attended the deceased from Feb 12 1 19.46 to Sept 22 19.46 that I last saw h. alive on 9-22- 19.46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	10 da
Due to: Prostatic hypertrophy	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 137A	
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: 0
23. Signature: E. Miller MD (M. D. or other)
Address: Waynesville Mo Date signed 9-22-46

351 (Licensed Embalmer's Statement on Reverse Side)

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.....Augost Blumer.....

Licensed Embalmer No.....3160.....

P. O. Address.....Hermann 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.