

FILED JAN 13 1947

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **Memorial Hospital**
(If not hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community **DEAD ON ARRIVAL** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **Lafayette** 54

(c) City or town **LEXINGTON, MO.**
(If outside city or town limits, write "RURAL")

(d) Street No. **26th + Franklin**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME **GAREY ALLEN SPEASE**

(b) If veteran, name war **no**

(c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **29th**
year **1946** hour **8** minute **15** AM.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on **DEAD ON ARRIVAL**, 19____;
and that death occurred on the date and hour stated above.

4. Sex **MALE** (1) 5. Color or race **W**

6. (a) Single, widowed, married, divorced **single**

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

7. Birth date of deceased **May 22 1946**
(Month) (Day) (Year)

Immediate cause of death **Broncho pneumonia** Duration **2 day**

Due to **undetermined**

Due to _____

8. AGE: Years Months Days If less than one day

7	7		
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hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: _____

Of operations _____

Of autopsy **same**

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

9. Birthplace **LEXINGTON MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

11. Industry or business _____

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 _____ (M. D. or other) **MD**
Address **St. Louis, Mo.** Date signed **28 Dec**

MOTHER FATHER

12. Name **RUSSELL EDWARD SPEASE**

13. Birthplace **LEXINGTON MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **OPAL HELEN BUSH**

15. Birthplace **CONCORDIA MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **Russell Edward Spease**

(b) Address **Lexington, Mo**

17. (a) **Removal** (b) Date thereof **Dec 29, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lexington, Mo**

18. (a) Signature of funeral director **Leighton, Mo**

(b) Address **Lexington, Mo**

19. (a) **12-29-46** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No. 2983

P. O. Address Lexington 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.