7. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24539

FILED JUL 31 1947

Registration District No. 1

Primary Registration District No. 3028

Registrar's No. 160

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)
In this community: 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: JASPER
(c) City or town: RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: CARTHAGE Route 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: -----

3. (a) PRINT FULL NAME: ROY L. 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: Nora S. Speer
6. (c) Age of husband or wife if alive: 53 years
7. Birth date of deceased: February (Month) 27 (Day) 1888 (Year)

8. AGE: Years 59 Months 4 Days 21 If less than one day hr. min.

9. Birthplace: Lockwood (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: farmer
11. Industry or business:
FATHER 12. Name: Ben Speer
13. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
MOTHER 14. Maiden name: Lena Byrd
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: Mrs. Nora Speer
(b) Address: Rte 4 - Carthage
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 23 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Lockwood Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 7-22-47 (Date received local registrar) (b) L. B. Clinton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour 10 minute 20 p. m.
21. I hereby certify that I attended the deceased from June 30/47, 19..., to July 18, 1947, that I last saw him alive on July 18, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 min
Due to: Typhoid Fever	3 weeks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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: Wm. Nell-Lee (M. D. or other) DO
Address: Stone Mem Hosp Date signed 7/19/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-7-604

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 Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.