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National Office of Vital Statistics
FILED APR 26 1948 347.

Registration District No. _____ Primary Registration District No. **6161** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **Stone**
(b) City or town **Rural Flat Creek**
(c) Name of hospital or institution:
(d) Length of stay: In hospital or institution **about 75 yrs**
In this community **about 75 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stone**
(c) City or town **Flat Creek Twp.**
(d) Street No. _____
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Jessie Speil**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **march** day **9**
year **1948** hour **12** minute **30** P.M.

4. Sex **m** 5. Color or race **wh**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **never married**
6. (c) Age of husband or wife if alive **4** years
7. Birth date of deceased **July 4 1873**

21. I hereby certify that I attended the deceased from **at death** 19**48** to **19**.....
that I last saw him **on march 9** 19**48**.....
and that death occurred on the date and hour stated above.
Immediate cause of death **stroke + also cancer**

8. AGE: Years **75** Months **8** Days **6** If less than one day _____ hr. _____ min.

Due to **Lack of medical attention**
Other conditions **stroke + also cancer**
(Include pregnancy within 3 months of death)

9. Birthplace **Bates Co mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business _____

12. Name **Jessie Speil**
13. Birthplace **Uniontown 9**
14. Maiden name **Edith McCarty**
15. Birthplace **Uniontown 9**

16. (a) Informant **Charles S Smith**
(b) Address **Halena 87-3 rd**

17. (a) **Burial** (b) Date thereof **9-14-48**
(c) Place: burial or cremation **Cape Kay mo**

18. (a) Signature of funeral director **Evelyn J. Chatham**
(b) Address **Halena mo**
19. (a) **March 17-48** (b) **Lena Murray**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature **Evelyn J. Chatham** While at work _____
Address **Halena mo** Date signed **3-18-48**

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

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

MOTHER: FATHER:

RECEIVED
District Health Officer No. 6;
District File Number 448-473
Date Filed APR 22 1948

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

Ereth J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Halena 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. MayRegistration District No. 347Primary Registration District No. 6161

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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)3. (a) PRINT
FULL NAME Jessie Skeef3. (b) If veteran
name war _____3. (c) Social security
No. _____4. Sex m5. Color or
race w6. (a) Single, widowed, married,
divorced s

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____7. Birth date of deceased July 4

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

758NO

hr. min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

(City, town, or county)

(State or foreign country)

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cancer
Large Intestines

Due to _____

Due to He was an invalid since
he was 18 yrs old.Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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? _____

While at work? _____ (Specify type of place)
Means of injury _____23. Signature Ereth J Cheatham (M, D, or other) CarnerAddress Galena mo. Date signed 4-30-48

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

MOTHER FATHER

SUPPLEMENTARY

S-15179