

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 26 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19132

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Stanberry
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 53-9-0 (Specify whether years, months or days)
In this community 53-9-0

3. (a) PRINT FULL NAME

Charles Hayes Speers

3. (b) If veteran,

name war NONE

3. (c) Social Security

No. NONE

4. Sex Male 5. Color or race Whit.
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive 28 years (Day) (Year)
7. Birth date of deceased 12 (Month) 28 (Day) 1879 (Year)

8. AGE: Years Months Days If less than one day
68 5 7 hr. min.

9. Birthplace Independence KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation VETERINARIAN

11. Industry or business SAME

12. Name William Speers

13. Birthplace Donsgal PENNSYLVANIA
(City, town, or county) (State or foreign country)

14. Maiden name Missouri Speers

15. Birthplace Donsgal PENNSYLVANIA
(City, town, or county) (State or foreign country)

16. (a) Informant Dorinda Kimberly Speers

(b) Address 823 1/2 E 14th St St Joseph Mo.

17. (a) BURIAL (b) Date thereof 6-7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highridge at Stanberry

18. (a) Signature of funeral director John Brown

(b) Address East 2nd St Stanberry Mo.

19. June 18-1948 (b) John N. N. N.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry
(c) City or town Stanberry
(If outside city or town limits, write "RURAL")
(d) Street No. North Elm Street
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th
year 1948 hour 12.45 minute 7 M.

21. I hereby certify that I attended the deceased from Dec 1946 to June 1948
that I last saw him alive on June 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Arterio Sclerosis

Other conditions 40
(Include pregnancy within 3 months of death)

Major findings:
Of operations § 3a
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. E. Speers (M. D. or other)
Address Stanberry Mo Date signed 6-6-48

JUN 28 1948

DISTRICT HEALTH OFFICE
Baltimore, Md.

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.....

Evan Johnson....., Registered Apprentice No. *✓*
working under my personal supervision.

Signed

Evan Johnson
Licensed Embalmer No. *3492*
P. O. Address *Stanton, Md.*

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.