

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D DEC 1, 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

38118  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 1002  
 (b) Township Law Primary Registration District No. \_\_\_\_\_  
 (c) City J. C. Mo (d) Street No. Research Hwy Registered No. 4352  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

2. PRINT FULL NAME John D. Speckman  
 (a) Residence, No. 2471 Chelsea St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sydia Speckman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 - 1890

7. AGE YEARS 48 MONTHS 2 DAYS 5 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fisher

9. Industry or business in which work was done, as saw mill, bank, etc. Body

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru, Mo

FATHER

13. NAME John D. Speckman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru, Mo

MOTHER

15. MAIDEN NAME Anna Speckman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peru, Mo

17. INFORMANT (ADDRESS) Mrs. Sydia Speckman 2471 Chelsea

18. BURIAL, CREMATION, OR REMOVAL Baldwin Park DATE Nov 5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Boyer-Bender Funeral Home

20. FILED 11-7 1938 M. M. Craive Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1938 to Nov. 6 1938  
 I last saw him alive on Nov 6 1938. Death is said to have occurred on the date stated above, at 5:12 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset Nov. 1 1938

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_ (Signed) John H. Caldwell M. D.  
 (Address) 676 Argyle Bldg. Kansas City, Mo.

2 22-3 - original copy

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**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.....

P. O. Address.....

**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, above space should be left blank.**