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.

21

DEC'D SEP 7 1939

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

28861
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton 2 Registration District No. 175
(b) Township Chariton 1 Primary Registration District No. 5248 Registered No. 33
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME 126 Phillip Speiser
(a) Residence, No. Chariton County Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Mary Freese
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14, 1860
7. AGE: Years 79 Months 6 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) September 1929
11. Total time (years) spent in this occupation 55 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
13. NAME Unknown 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Unknown 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ervin Speiser Glasgow Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Green DATE Aug 15, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Audsley Glasgow Mo.
20. FILED Aug 12, 1939 T. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to Aug. 12, 1939
I last saw him alive on Aug. 12, 1939. Death is said to have occurred on the date stated above, at 6:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
93C	

Other contributory causes of importance:
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) T. W. Hawkins, M. D.
11.3 (Address) Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

VED
Health Officer No. 8,
le Number 9/5/39

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, J. Walker Audsley, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.