

Registration District No. 398

Primary Registration District No. 5554

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural # 3 Blue
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 years years, months or days

3. (a) PRINT FULL NAME Edward Theodore Speck

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 28 - 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 9 23 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Farmer

12. Name Martin Speck

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Susan Medeshimer

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

16. (a) Informant Wm. F. Speck

(b) Address Indep. RR. # 3 Box 460

17. (a) Rural (b) Date thereof Jan 24 40
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woodlawn Cemetery

18. (a) Signature of funeral director Att + Mitchell

(b) Address Independence Mo

19. (a) Jan. 9 2 1940 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo RFD # 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1940 hour 8 minute 22 P.M.

21. I hereby certify that I attended the deceased from Jan 8 - 1940
1 1940 to Jan 21 1940

that I last saw him alive on Jan 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to chronic nephritis

Due to _____

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?
White at work? _____ (Specify type of place)
(e) Means of injury 3

23. Signature Wm. Ager (M. D. or other) DO

Address Independence Mo Date signed 1/22/40

Duration 10 days

(3)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.