

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD 003
 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.

FILED APR 23 1940
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 10772
 Registrar's No. _____

Registration District No. 237 Primary Registration District No. 5329

1. PLACE OF DEATH:
 (a) County Dade Center Twp.
 (b) City or town So. Greenfield, Mo. # 1.
 (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 2
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Margaret Elzada Speer 16.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Husband 6. (c) Age of husband or wife if alive 87 years
John Speer
 7. Birth date of deceased March, 20, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 10 _____ hr. _____ min.

9. Birthplace Dade Co. Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation House keeping

11. Industry or business _____
 MOTHER FATHER { 12. Name Mathias Speer
 13. Birthplace Tennessee.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Hill
 15. Birthplace Tennessee
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sala Jacobs
 (b) Address So. Greenfield, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 31, 40
 (Month) (Day) (Year)
 (c) Place: burial or cremation Pennsboro Cem.

18. (a) Signature of funeral director J. W. Ward
 (b) Address Greenfield, Mo.
 19. (a) 4-3-1940 (Date received local registrar) (b) Geo. L. Weir
 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade
 (c) City or town So. Greenfield, Mo. # 1
 (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 March day 30
 year 1940 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 25, 1940, to Mar 30, 1940;
 that I last saw her alive on Mar 30, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 10 days
 Due to _____
 Due to 11/6
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
 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? 2/11
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature L. J. Holmes (M. D. or other) _____
 Address Miller no Date signed 3-30-40

RECEIVED

District Health Officer No. 6,

District File Number 440-1195

Date Filed APR 19 1940

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 J. W. Ward.....

Licensed Embalmer No. 2832.....

P. O. Address Greenfield, 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, above space should be left blank.