

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43237

Registration District No. 875

Primary Registration District No. 6162

Registrar's No. 361

1. PLACE OF DEATH:

(a) County Verona
(b) City or town Front-Washington Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mos - 10 days
(Specify whether
In this community 5 mos - 10 days
years, months or days)

8. (a) PRINT FULL NAME Edmund Speck

8. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Taylor 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 14, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 8 If less than one day - hr. - min.

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

10. Usual occupation Retired Salesman

11. Industry or business Soap Industry

12. Name Henry Speck

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

14. Maiden name Henrietta Bowman

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

16. (a) Informant Mrs. Emma Speck

(b) Address 438 W 62 St.

17. (a) Removed (b) Date thereof 10-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Wm McElroy
(b) Address Kansas City Mo

19. (a) Dec 22 1941 (b) Allen V. Boyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7431 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1941 hour 4/30 minute _____ M.

21. I hereby certify that I attended the deceased from July 12 1941 to Dec 22 1941.

that I last saw him alive on Dec 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis
Due to Senility

Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

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? _____

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

23. Signature Wm H. Fetter (M. D. or other) M.D.
Address Nevala, Mo. Date signed 12-22-41

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

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FEB 10 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2/12

Date Filed 1-6-42

MAY 2 1942

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address 71 C 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.