

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St Joseph
 (c) Name of hospital or institution 1821 20.19th
 (d) Length of stay: In hospital or institution 40 years
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Buchanan
 (c) City or town St Joseph
 (d) Street No. 1821 20.19th
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ALBERT H. Speer
 (b) If veteran, No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 9
 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from 19.40 to 8.9 19.42

4. Sex Male 5. Color of hair Wht
 6. (a) Single, widowed, married, divorced, Wid.
 (b) Name of husband or wife Julia E.
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: March 18 1871
 (Month) (Day) (Year)

that I last saw _____ alive on 8.9 19.42
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Spontaneous Black
 Interolchrosis

8. AGE: Years 71 Months 4 Days 21
 If less than one day _____ hr. _____ min.

Due to age
 Due to _____

9. Birthplace _____
 10. Usual occupation Retired Carpenter
 11. Industry or business Laborer

Other conditions: none
 Major findings: none
 Of operations: none
 Of autopsy: no

MOTHER FATHER {
 12. Name: Wm K
 13. Birthplace: Wm K
 14. Maiden name: Wm K
 15. Birthplace: Wm K

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Edward Franklin Speer
 (b) Address _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) none
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof Aug 11 1942
 (c) Place: burial or cremation Mt Auburn Cem

(c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Roy Stamer
 (b) Address St Joseph MO
 19. (a) Date received local registrar 8-11-42 (b) Registrar's signature

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. J. Stamer (M. D. or other)
 Address 2024 1/2 St Joseph Date signed 8/11/42

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

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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..... *John Ray Stamer*.....
Licensed Embalmer No. *2435*.....
P. O. Address *St Joseph 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, fact should be so stated above.