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S. No. 2  
DM-2.43  
5-17-39  
P-I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **776**

FILED MAR 6 1944/9  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution **St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**  
(Specify whether \_\_\_\_\_)

In this community **40 years**  
years, months of days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **48**

(c) City or town **Grandview**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **John Edward Speck**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **487-01-9087**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

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

(b) Name of husband or wife **Julia** 6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **March 27, 1893**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 3, 1944** to **July 11, 1944** that I last saw him alive on **July 10, 1944** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>50</b>	<b>10</b>	<b>13</b>	hr. _____ min.

Immediate cause of death **Coronary heart failure with dilatation**

Due to **Hypertension**

Duration **10 days**

9. Birthplace **Kansas City Kansas**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation **Plumber**

Major findings: Of operations **none**

Of autopsy **none**

11. Industry or Business \_\_\_\_\_

12. Name **Joseph Speck**

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

14. Maiden name **Margaret Armstrong**

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Julia Speck**

(b) Address **Grandview, Mo.**

17. (a) **Burial** (b) Date thereof **7/19/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Arthur J. Bohan**

(b) Address **20 N. Lexington**

19. (a) **7-16-44** (b) **H. E. Brown**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury **0**

23. Signature **Henry H. Fawcett** (M. D. or other) \_\_\_\_\_

Address **Grandview Mo** Date signed **7-12-44**

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 Charles M. Zwick

Licensed Embalmer No. 3774

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, fact should be so stated above.**