. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 7 1944

Registration District No. 3180

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6112 B.

State File No. 12310

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Illmo — Illmo Rural
(If outside city or town limits, write "RURAL" and name of township)

(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 ..... (Specify whether
In this community 23 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Illmo 3
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Susie Ann Speck

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female | 5. Color or race White | 6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife George W. Speck

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

7. Birth date of deceased May (Month) 6 (Day) 1873 (Year)

8. AGE: Years 70 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Polk Co (City, town, or county) Ill (State or foreign country) /

10. Usual occupation House Keeper

11. Industry or business ✓

FATHER
12. Name Sam Corn
13. Birthplace Polk Co (City, town, or county) Ill (State or foreign country) /

MOTHER
14. Maiden name Quincy Smith
15. Birthplace Dont Know (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Ralph Knupp
(b) Address Illmo Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk. Cape Co Mo.

18. (a) Signature of funeral director Bisplinghoff & Hubbard
(b) Address Illmo Mo

19. (a) 3-9-44 (Date received local registrar) (b) S. T. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. 7 day ..... year 1944 hour 9-30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 11 1944 to Mch. 7 1944 19..; that I last saw her alive on Mch. 7 1944 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Fracture of right hip	2 Mo.
Hypertension	
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

186a

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
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) ccident 100

(b) Date of occurrence Jan. 11 1944

(c) Where did injury occur? Illmo, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)

While at work? yes (e) Means of injury fell on floor

23. Signature S. T. [illegible] (M. D. or other) M. D.

Address Illmo Mo Date signed 3-9-44

72 a

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 444-475
Date Filed 4-4-44

APR 19 1944

APR 19 1944

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 Minnie Bieplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.