

No. 2
1-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18605

State File No. _____

FILED JUN 12 1944

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Fredericktown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. 408 E. College
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY SPEER

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 E. L. Speer 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Dec. 8 1974
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name William Neven
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Marret Haubert
15. Birthplace Ballerger Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant E. L. Speer
(b) Address 408 E. College
17. (a) Removal (b) Date thereof 5-31-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Springville, Mo.

18. (a) Signature of funeral director Stanley Aron
(b) Address Fredericktown, Mo.

19. (a) May 31 1944 (b) S. A. S. Clough
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from no 1943 to May 29 1944
that I last saw her alive on May 29 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to _____
Due to _____

Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1318
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) _____
(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) (e) Means of injury _____

23. Signature S. Clough (M. D. or other) _____
Address 139 W. Main Fredericktown Date signed 5/30/44

481

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4
District File Number 644-395
Date Filed 6-9-44

JUN 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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredericktown, 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.