

FILED OCT 19 1945

Registration District No.

Primary Registration District No. 3017

Registrar's No. 109

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 HOURS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON
(c) City or town BRUNSWICK
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

JOSEPH SPECHT

3. (b) If veteran, name war

NONE

3. (c) Social Security No.

NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE?

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST 26
(Month) (Day) (Year)

8. AGE:

Years 77 Months 1 Days 26

If less than one day hr. min.

9. Birthplace

CLEVELAND
(City, town, or county)
FARMER

OHIO
(State or foreign country)

10. Usual occupation

FARMING

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

VALENTINE SPECHT

FRANCE
(State or foreign country)

ANNA M. KNAPP

GERMANY
(State or foreign country)

HOSPITAL RECORDS

(b) Address BOONVILLE, MO.

17. (a) REMOVAL
(Burial, cremation, or removal)

(b) Date thereof Oct. 3-1945
(Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK? MO

18. (a) Signature of funeral director STEGNER & KOENIG
(b) Address BOONVILLE, MO.

19. (a) Oct 4 1945
(Date received local registrar)

(b) C. H. Rogers
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 2nd
year 1945 hour 3 minute p M.

21. I hereby certify that I attended the deceased from 10-2, 1945 to 10-2, 1945
that I last saw him alive on Oct 2, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Chronic nephritis
Duration years

Other conditions Chronic Cardio. Vascular
(Include pregnancy within 3 months of death)

Major findings: 1318
Of operations
Of autopsy Uremia - Ch. nephritis
Chromocystitis - Partial Intestine
Chronic Bronchitis

11. 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?
(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 W. H. Ziegler (M. D. or other) M.D.
Address Boonville Mo. Date signed 10-5-45

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

1637

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.....

James W. Stegner

Licensed Embalmer No. *3780*

P. O. Address..... *Boonville, 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.