

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 196

FILED MAR 10 1947
Registration District No. 238

Primary Registration District No. 5823

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Lilbourn, R.-1.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid 72

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

(d) Street No. Lilbourn, R.-1. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ardelia Speakman

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced W 21

6. (b) Name of husband or wife A. B. Speakman

6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased Nov 4 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Unk Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name James Silas Ranley

13. Birthplace Unk Unk 7
(City, town, or county) (State or foreign country)

14. Maiden name Little

15. Birthplace Unk Unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis Speakman

(b) Address Lilbourn, Mo. R-1.

17. (a) Burial (b) Date thereof 2-27-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richards Und. Co.

(b) Address New Madrid, Mo.

19. (a) 3-6-47 (b) Walter Lunt Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1947 hour 8: minute A.M.

21. I hereby certify that I attended the deceased from 2/24/1947 to 2-25 1947
that I last saw her alive on 2-25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Bilateral

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 100

Of autopsy _____

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 0

23. Signature O. B. Chandler (M. D. or other) MD

Address New Madrid Mo. Date signed 2/26/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2

District File Number 347-32

Date Filed 3-7-22

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..... *P. G. Collins*

Licensed Embalmer No. 4346

P. O. Address..... *New Madrid, 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.