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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9418

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1455

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. CONValescent HOME 3200 NORL604
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 MONTHS
(Specify whether years, months or days)
In this community 83 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5744 CHARLOTTE STREET 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN SPECK

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MRS. ARTIE SPECK
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 19 - 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 9
If less than one day hr. _____ min.

9: Birthplace INDEPENDENCE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business ICE & COAL

12. Name HENRY SPECK

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

14. Maiden name MARY BOLAND
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. G. E. TODD

(b) Address 5744 CHARLOTTE STREET

17. (a) BURIAL (b) Date thereof MAR 29 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. WASHINGTON CEMETERY

18. (a) Signature of funeral director W. H. Newman's son
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-28-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28th
year 1947 hour 3 minute 34 M.

21. I hereby certify that I attended the deceased from 1946 to March 28, 1947
that I last saw him alive on March 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Influenza - Bronchial Pneumonia
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 6 months of death)
Venitely

Major findings: Of operations _____

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 _____

23. Signature R. H. Newman (M.D. or other) _____
Address 3937 Main Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

John E. Fraking....., Registered Apprentice No. *504*
working under my personal supervision.

Signed..... *E. Oscar [unclear]*.....

Licensed Embalmer No. *1767*.....

P. O. Address. *Kansas City*.....

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.