

No. 2
-12-45
5-17-39
X47070

FILED JUN 9 1947

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **711**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2612 Mitchell Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Franc Phedora Speese

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John S. Speese

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased December 19 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>93</u>	<u>5</u>	<u>12</u>	hr. min.

9. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

12. Name James Pratt

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

14. Maiden name Annette Howard

15. Birthplace Gaston, New York
(City, town, or county) (State or foreign country)

16. (a) Informant John S. Speese

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 6-6-47 (b) E. L. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2612 Mitchell Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1947 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 8, 1947, to May 31, 1947
that I last saw her alive on May 31, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrest
Hypertensive Heart Disease
Mitral Insufficiency

Duration 10 yrs
2 yrs

Due to

Other conditions No
(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

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) X

(b) Date of occurrence X

(c) Where did injury occur? (City or town) (County) (State) X

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

While at work? X (Specify type of place) (e) Means of injury X

23. Signature W. W. Strong MD (M. D. or other) 0
Address 405 Tootle Bldg Date signed 31 May 47

St Joseph Mo.

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~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3824
P. O. Address 319 So. 10th St. Joseph, 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.