S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4107

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 57

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Poplar Bluff Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Carter 18
(c) City or town Van Buren (rural) (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Edgar M. Speers
3. (b) If veteran, name war no.
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Viola Speers
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased June (Month) 7 (Day) 1884 (Year)

8. AGE: Years 63 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Louis Town (City, town, or county) Mo. (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER
12. Name John W. Speers
13. Birthplace (City, town, or county) Ill. (State or foreign country) 1
MOTHER
14. Maiden name Stella Howard
15. Birthplace (City, town, or county) Ill. (State or foreign country) 1
16. (a) Informant Viola Speers
(b) Address Van Buren Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-12-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Houses Creek
18. (a) Signature of funeral director Seaton Pewitt
(b) Address Van Buren Mo.
19. (a) 2-14-48 (Date received local registrar) (b) R. Minnette (Registrar's signature) 25

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 7, 1948, to Feb 10, 1948, that I last saw him alive on 2-10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	5 days
Due to Carcinoma of Large Intestine c̄ Metastases	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

46 E

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frank E. Smith (M. D. or other) M.D.
Address Poplar Bluff MO Date signed Feb 14, 1948

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 241-260
Date Filed 2-25-48

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 Chas S. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.