No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948
Registration District No. 147

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5569

5250

State File No.

Registrar's No. 282

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7012 East 58th. Street R.R.# 2.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 86 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City R.R. # 2. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7012 East 58th. Street 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Adolph Henry Speck
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Hannah Ellen Speck
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased 8 (Month) 24 (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
86	5	7	hr. min.

9. Birthplace Jackson County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired Grain & Coal Dealer
11. Industry or business
FATHER
12. Name Henry Speck
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Elizabeth Bowman
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Mr. C.R.Speck
(b) Address 7012 East 58th. Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) -3 (Day) 1948 (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Mrs. C.L.Forster
(b) Address Kansas City, Missouri.
19. (a) 2/3/48 (Date received local registrar) (b) Mildred Garvin (Registrar's signature) 12

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st.
year 1948 hour 11 minute P. M.
21. I hereby certify that I attended the deceased from Jan. 24, 1948 to Jan 31, 1948;
that I last saw him alive on Jan 31, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema	
Due to General Arteriosclerosis	
Due to Chronic Myocarditis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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) 0
While at work? (e) Means of injury
23. Signature Edward C. Teuhl M. D.
Address 1040 Argyle Bg. Date signed Feb 2/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Edward Teubel
Argyle Bldg.
Vic 8050

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 Robert A. Herrmann

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

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.

No. 2B
1—3-45
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 282

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town RURAL - BROOKING
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7012 E. 58th St. R.R. 2
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

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

(d) Street No. ..... (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Adolph H. Speck

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Aug 24 1886 (Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days ..... If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 31 year 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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) .....

(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 ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY

S-5250 - 1948