

S. No. 2
1-12-45
7-5-17-39
X47070

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13684**

FILED MAY 7 1948

Registration District No. **241**

Primary Registration District No. **5989**

Registrar's No. **23**

1. PLACE OF DEATH:

(a) County **Putnam**
(b) City or town **Livonia Rural Grant**
(c) Name of hospital or institution: **3**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Putnam**
(c) City or town **Livonia Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Euna Florence Speak**

3. (b) If veteran, name war **##** 3. (c) Social Security No. **##**

4. Sex **F** 5. Color or race **W** 6. (e) Single, widowed, married, divorced **Widow 2**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 1 1878**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 15 hr. min.

9. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business _____
12. Name **John Thomas Lane**

13. Birthplace **Mo.**
14. Maiden name **Mary Elizabeth Crooks** (State or foreign country)

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

16. (a) Informant **Guy Speak**
(b) Address **Livonia Mo**

17. (a) **Burial** (b) Date thereof **4 18 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St John Cem**

18. (a) Signature of funeral director **40 Husted & Son**
(b) Address **Unionville, Mo.**

19. (a) **4-28-48** (b) **Marvell Durbin**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
year **1948** hour **6:00** minute **A** 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.

Immediate cause of death **Drowned**
Suicide by Drowning

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **3**

23. Signature **Chas Fowler** (Date or other) **3**
Address **Unionville Mo** Date signed **16-48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 10
District File Number 5-48-777.
Date Filed MAY -5 1948

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..... *F.O. Husted*.....

Licensed Embalmer No. *2975*.....

P. O. Address *Monroville 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.