

S. No. 2
M-2-43
5-17-39
X35897

Dr. Marten

35392

State File No.

Registrar's No.

1166

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1948

Registration District No. 560

Primary Registration District No. 3076

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:
Nevada City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 HOURS
(Specify whether years, months or days)

In this community 59 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 411 W. Walnut
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE HENRY SPEECE

3. (b) If veteran, name war no

3. (c) Social Security No. 216

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1948 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from Sept 6
1948 to Oct 14 1948
that I last saw him alive on Oct 14 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept 27 - 1865
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage

Duration _____

8. AGE: Years 83 Months 0 Days 17 If less than one day _____ hr. _____ min.

Due to Arterio sclerosis + hyperloose

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Fauquier County - Penn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Print & Wallpaper

12. Name John Speece

13. Birthplace Holland 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Mull

15. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Maggie Speece 1

(b) Address 411 W. Walnut St. Nevada Mo

17. (a) Burial (b) Date thereof Oct 16 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery

18. (a) Signature of funeral director Allen J. Roy

(b) Address Nevada Mo

19. (a) 10-22-48 (b) Walter J. Jansen
(Date received local registrar) (Registrar's signature)

Major findings: (none)

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 _____

23. Signature F. L. Marten (M. D. or other) M.D.
Address Nevada Date signed 10-16-48

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1253

Date Filed 10-27-48

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.....

Best B. Bennett, Registered Apprentice No. 83
working under my personal supervision.

Signed Allen E. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.