REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14498
Do not use this space.

1. PLACE OF DEATH

(a) County Dent — Registration District No. 266

(b) Township — Primary Registration District No. 4164 — Registered No. 28

(c) City Salem — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Washington Peck 200

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Callie Blackwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 27 1858

7. AGE: YEARS 80 — MONTHS 4 — DAYS - — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dent Co. Mo.

FATHER
13. NAME: Thomas Peck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barren Co. Ky.

MOTHER
15. MAIDEN NAME: Sarah Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Ralph Peck Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Grove DATE 4/29/38, 19

19. FUNERAL DIRECTOR (ADDRESS): Carl K Spencer Salem Mo

20. FILED April 28 1938 A. E. Huth M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to Apr. 27, 1938
I last saw him alive on Apr. 27, 1938. Death is said to have occurred on the date stated above, at 11:05 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset 1936

93C-

Other contributory causes of importance: Senility

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lloyd H. Hunt, M. D.
240 (Address) Salem, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Carl K Spencer, Licensed Embalmer No. 2370

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Carl K Spencer

X L. E. X

No. X or by X, Registered Apprentice No. X

working under my personal supervision.

Signed Carl K Spencer

Licensed Embalmer No. 2370

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.)