

REC'D MAY 18 1939

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

14500
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135
(b) Township Carrollton Primary Registration District No. 3010
(c) City Carrollton (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 20, 1865</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>0</u>
	DAYS <u>5</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. _____	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Eloy Perry Peck</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Emma Jane Rolph</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT <u>Elizabeth Peck</u> (ADDRESS) <u>Carrollton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hurricane Cem</u> DATE <u>Apr 27, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Standley</u> (ADDRESS) <u>Carrollton, Mo</u>		
20. FILED <u>4-27-39</u> <u>John Haskins</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939, to April 25, 1939.
I last saw her alive on April 24, 1939. Death is said to have occurred on the date stated above, at 2:05 p.m.
The principal cause of death and related causes of importance were as follows:
arterial Insufficiency
Impairment of old age

Other contributory causes of importance:
Impairment of old age

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) B. Hamilton M.D.
(Address) Carrollton, 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-9-1938 I X18605

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/5/39

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.....

~~Ben W. Gibson~~....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben W. Gibson
Licensed Embalmer No. 2961
P. O. Address Carrollton 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, above space should be left blank.