

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 300 S. Halder st 7
(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 Mo. (b) County Johnson

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

(d) Street No. 500 S. Halder st.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Joseph Debalzer Peak 2nd

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1939 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov 16th 1939
_____, 19____, to Dec 9th, 1939;

that I last saw him alive on Dec 9th, 1939;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race Wk. 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Lovina Ann Peak 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 17 1862
(Month) (Day) (Year)

Immediate cause of death Acute septicemia Duration Dec 6th 39

Due to Bladder + Prostatic infection

Due to Prostatic enlargement

8. AGE: Years 77 Months 1 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Johnson Co. Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

Other conditions Smelly 121
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Joseph D. Peak

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

14. Maiden name Mary Deisler

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

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 _____

16. (a) Informant's own signature Charles Peak

(b) Address Pierce City Mo.

17. (a) Burial (b) Date thereof Dec 11 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director W. H. H. H.

(b) Address Warrensburg Mo. 301

19. (a) Dec 11-39 (b) Robert Bentley
(Date received local registrar) (Registrar's signature)

23. Signature O B Hall (M. D. or other) MD

Address Warrensburg Mo. Date signed 12/11/39

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/11/40

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 *Armed H. Turpin*
Licensed Embalmer No. 3053
P. O. Address Warrensburg 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.