

117000000

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

44123
Do not use this space.

1. PLACE OF DEATH
(a) County NEW MADRID Registration District No. 821
(b) Township EAST Primary Registration District No. 5801
(c) City MATTHEWS (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 WILLIAM JESSE PEIFER
(a) Residence, No. MATTHEWS, MISSOURI 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 27-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
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) POSY CO, INDIANA

FATHER 13. NAME WILLIAM JOSHUA PEIFER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WAYNE COUNTY INDIANA

MOTHER 15. MAIDEN NAME MILLIE RAMSEY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POSY COUNTY, INDIANA

17. INFORMANT (ADDRESS) CHARLES PEIFER, MATTHEWS, MO.

18. BURIAL, CREMATION, OR REMAINS PLACE MEMORIAL PARK SKESTON, MO. DATE JAN. 1-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. WELSH SKESTON, MO.

20. FILED JAN 8 1940 W. H. [unclear] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis.
Other contributory causes of importance: NONE
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? NO 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) L. A. Richards Jr. M. D.
(Address) Carroll New Madrid, Mo.

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-9-19-38 I X16603

RECEIVED

District Health Officer No. 2

District File Number 140-209

Date Filed 1-9

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 Harvey J. Johnson
Licensed Embalmer No. 3704
P. O. Address SIKESTON, 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.