DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17790

Registration District No. 921 Primary Registration District No. ~~4557~~ 6232 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Audrain Co. Mo.
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Audrain
(c) City or town Laddonia
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME EUGENE MILLER PEAK 200
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband~~ or wife Grace Peak
6. (c) Age of ~~husband~~ or wife if alive 24 years
7. Birth date of deceased Oct (Month) 4 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
30	4	3	hr. min.

9. Birthplace Monroe Co. Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Truckman
11. Industry or business Trucking
FATHER
12. Name Charles Peak
13. Birthplace Monroe Co. Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Dashner
15. Birthplace Monroe Co. Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Grace Peak
(b) Address Laddonia Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Laddonia Mo.
18. (a) Signature of funeral director H. G. Grainger
(b) Address Laddonia Mo.
19. (a) June 12-1940 (Date received local registrar) (b) Wm. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7
year 1940 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coroner Case	
Due to Accidental Electrocution	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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) Accident Electrocution
(b) Date of occurrence June 7
(c) Where did injury occur? Farber Jc. (City or town) Audrain (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2 Ch Highway 54 (Specify type of place)
While at work? Yes (e) Means of injury Electrocuted
23. Signature B. M. Marlous Coroner (M. D. or other)
Address Mexico Date signed 6/8-40

(Licensed Embalmer's Statement on Reverse Side)

193
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 H. G. Grainger, Registered Apprentice No. ..... working under my personal supervision.

Signed H. G. Grainger

Licensed Embalmer No. 1297

P. O. Address Laddonia, 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.

S. No. 2B
M—2-21-40
I X22

OWENA MOORE

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Registration District No. 921 Primary Registration District No. 6232 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Andrain

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

(c) Name of hospital or institution:
(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 (b) County

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

(d) Street No.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eugene Miller Peak

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coroners Case Accidental Electrocution

Due to Lifting wire over house being moved

Due to ref. Highway

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 14 3 4 D

Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature B. M. Marlow (M. D. or other)

Address Mexico Mo Date signed

S-17790