

JUN 17 1940

State File No. _____

Registration District No. 400

Primary Registration District No. 5553B

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Paris
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Jackson County Home for aged
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 years
 (Specify whether _____)
 In this community 5.0 years
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Paris - Jackson County, Mo.
 (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

Charles H. Petley

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M.

5. Color or race Wh.

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

6. (b) Name of husband or wife Mary Petley

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

7. Birth date of deceased Jan 16 - 1868
 (Month) (Day) (Year)

8. AGE:

Years 72 Months 7 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace

Missouri
 (City, town or county) (State or foreign country)

10. Usual occupation

Painter

11. Industry or business

MOTHER FATHER

12. Name Marty Petley

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Chas H Petley

(b) Address 5718 Spruingside

17. (a) Burial (b) Date thereof 5-29-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Bergman Funeral Home (Specify type of place) 935
 While at work (e) Means of injury

(b) Address 100 2nd

19. (a) 5/28/40 (b) Sam L. B...
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
 year 1940 hour 1 minute 36

21. I hereby certify that I attended the deceased from 5-1-40 to 5/28, 1940
 that I last saw him alive on 5-27, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
 Due to cerebral hypertension
arteries
 Due to _____

Other conditions HTN
 (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) _____
 (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? _____

23. Signature J. R. Greene (M. D. or other) MD
 Address Depue Date signed 5/28

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

Rev. 5-17-39
 Form 1-30851

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

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 *Harry Bergman*

Licensed Embalmer No. *294*

P. O. Address *Hansard City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18663
Registrar's No. 108

Registration District No. 400

Primary Registration District No. 535313

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie
(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 _____
In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Chas H Pebley

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 wid

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

7. Birth date of deceased Jan 16 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 12
If less than one day _____ hr _____ min

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5/28/40 (b) Sarah L. Green
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 28
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 _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. H. Greene (M. D. or other) _____

Address Independence Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

