

Registration District No. 400

Primary Registration District No. 5552B

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for the Aged 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Grandview
(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.

8. (a) PRINT FULL NAME Mary Peers 670

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased 3 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 2 hr. 0 min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Leonard Peers

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

14. Maiden name Margaret Peers

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

16. (a) Informant W. J. Mc Carthy

(b) Address Little Blue, Mo

17. (a) Autopsy (b) Date thereof 7-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation County line, Kansas

18. (a) Signature of funeral director B. K. Kempner

(b) Address Blue Springs Mo

19. (a) 7-11-40 (b) Lawrence C. Barnes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jul day 11
year 1940 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 8th
1940 to July 10, 1940
that I last saw him alive on July 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
fibrosis

Due to _____
Due to 92C

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? _____

23. Signature W. J. Mc Carthy
Address Little Blue Mo Date signed July 12

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.