

1941 AUG 23  
 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 State File No. \_\_\_\_\_  
 Registrar's No. 64  
 Registration District No. 744 Primary Registration District No. 3035  
 1. PLACE OF DEATH:  
 (a) County Ray  
 (b) City or town Richmond  
 (c) Name of hospital or institution: none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 32 yrs years, months or days)  
 3. (a) PRINT FULL NAME William E. Peck  
 3. (b) If veteran, name war WW 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex Male 5. Color or race white 6. (a) Single, widowed, married divorced married  
 6. (b) Name of husband or wife Melrose William Peck 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 1, 1866  
 (Month) (Day) (Year)  
 8. AGE: Years 74 Months 6 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Bremer, Iowa (City, town, or county) (State or foreign country)  
 10. Usual occupation Miner  
 11. Industry or business \_\_\_\_\_  
 MOTHER FATHER { 12. Name Unknown  
 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 Mrs. Wm Peck  
 (b) Address Richmond, Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1940 (Month) (Day) (Year)  
 (c) Place: burial or cremation Richmond Cemetery  
 18. (a) Signature of funeral director J. D. Brothers  
 (b) Address Richmond, Missouri  
 19. (a) July 10 - 40 (b) Malcolm Jackson (Date received local registrar) (Registrar's signature)  
 2. USUAL RESIDENCE OF DECEASED:  
 State Missouri (a) State \_\_\_\_\_ (b) County Ray  
 City or town Richmond Mo. (If outside city or town limits, write "RURAL")  
 Street No. Camden Street (If rural, give location)  
 (c) If foreign born, how long in U. S. A. U.S.A. years.  
 MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 9  
 year 1940 hour 12 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from April, 1940 to July 9, 1940  
 that I last saw him alive on July 9, 1940  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Enlarged Prostate  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 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) \_\_\_\_\_  
 (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?  
At work (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature E. D. Green (M. D. or other) \_\_\_\_\_  
 Address Richmond, Mo Date signed July 10 1940

WRITE PRINTED NAME IN 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

(Licensed Embalmer's Statement on Reverse Side)

DEC 22 1950

RECEIVED  
District Health Officer No. 8,  
District File Number  
8-13-40  
Date Filed

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.....

**J.E. Brothens**

Registered Apprentice No.....

working under my personal supervision.

**Brothers Funeral Home**

Signed.....

*J.E. Brothens*  
3001

Licensed Embalmer No.....

P. O. Address..... **Richmond 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.