No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27802

Registration District No. 1 Primary Registration District No. 1 Registrar's No. 190

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

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 1202 N. Franklin 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) ~~all~~ 120

In this community ~~all~~

2. USUAL RESIDENCE OF DECEASED:

(a) State O Mo. (b) County Adair

(c) City or town Brashear, R.F.D. (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 FRANCIS A. PEVEHOUSE.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race A

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

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

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Apr (Month) 17 (Day) 1867 (Year)

8. AGE: Years 73 Months 3 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name William Pevehouse
13. Birthplace (City, town, or county) Ill (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Hughes
15. Birthplace (City, town, or county) Ill (State or foreign country) 1

16. (a) Informant Mrs F. A. Pevehouse

(b) Address Brashear, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16-40 (Month) (Day) (Year)

(c) Place: ~~Burial or cremation~~ Burial Sabbath Home

18. (a) Signature of funeral director Foster R. Easley

(b) Address Brashear, Mo.

19. (a) Aug. 19/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14" year 1940 hour 4 minute 10 p M.

21. I hereby certify that I attended the deceased from Aug 4, 1940 to Aug 14, 1940 that I last saw him alive on Aug 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Inability to take food

Due to Chronic obscure of throat

Due to a fistular condition of esofagus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

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)

3 While at work? (e) Means of injury 3

23. Signature L. J. Conner (M. D. or other)

Address Kirksville, Mo. Date signed 8/16-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1733
Date Filed SEP 10 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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