

STANDARD CERTIFICATE OF DEATH

State File No.

35075

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Christian
 (b) City or town Highlandville Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Mark
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether)

In this community
 years, months or days

3. (a) PRINT
FULL NAMEEthel Peebles3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

E. K. PEEBLES

6. (c) Age of husband or wife if

alive, _____ years

7. Birth date of deceased

March 6, 1893

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

47621

hr.

min.

9. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

James S. Maples

13. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name

Sarah Callaghan

15. Birthplace

Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

E. K. Peebles

(b) Address

Highlandville Mo.

17. (a)

Burial

(b) Date thereof

Sept 27, 1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Frazier Cemetery

18. (a) Signature of funeral director

T. B. Chubb

(b) Address

Overton Mo.

19. (a)

Nov. 8, 1940

(b)

Loretta Leonard

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHRISTIAN
 (c) City or town Highlandville 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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
 year 1940 hour 9 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Sept 27, 1940
10:50 A.M., 1940, to Sept 27, 1940;
 that I last saw her alive on Sept 27,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Apoplexy

Duration

Due to

Blood clot

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy

No Autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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?
NO
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature

J. T. Peabo

(M. D. or other)

Address

York Mo.Date signed 9-28-40

RECEIVED

District Health Officer No. 6;

District File Number 440-2982

Date Filed NOV 19 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 T. B. Cheffin

Licensed Embalmer No. 2192

P. O. Address Dark 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.