No. 2
-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37833

State File No. 4431

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

FILED DEC 11 1940

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Wesley Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 19 Days (Specify whether years, months or days)

In this community About 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 901 Norton Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME DR. CHARLES LLOYD PEERY

3. (b) If veteran, name war Not A Veteran

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Jennie Edwards Peery

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March (Month) 31 (Day) 1873 (Year)

8. AGE: Years 67 Months 7 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation Medical Doctor

11. Industry or business Own Practice

MOTHER FATHER

12. Name Yhomas E. Peery

13. Birthplace Tazwell County (City, town, or county) Virginia (State or foreign country)

14. Maiden name Rebecca LLoyd

15. Birthplace Lee County (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. Jennie E Peery

(b) Address 901 Norton Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Missouri

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-20-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19 year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 1, 1940, to Nov 19, 1940; that I last saw him alive on Nov 19, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute Pyonephrosis	6 weeks
Due to chr. Prostatitis hypertrophic	years
Due to	
Other conditions asthma Bronchial (Include pregnancy within 3 months of death)	years

Major findings: Of operations ac Pyonephrosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. G. Potter (M. D. or other)

Address 724 Prospect KCMo Date signed 11/20/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. L. G. Porter
11-4-3 Prof Bldg

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

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

If this body is not embalmed, fact should be so stated above.