S. No. 2
4—1-4-41
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10057

Primary Registration District No. 3002

Registrar's No. 49

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

704 1/2

1. PLACE OF DEATH:

(a) County: Andrain

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

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

(d) Length of stay: In hospital or institution: 4 days (specify whether years, months or days)

In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Monroe Co.

(c) City or town: Santa Fe RFD, 063 (If outside city or town limits, write "RURAL")

(d) Street No.: 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Charley Peak.

3. (b) If veteran, name war:

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov. 25 (Month) 1869 (Day) (Year)

8. AGE: Years: 72 Months: 4 Days: 5 If less than one day: hr. min.

9. Birthplace: Monroe Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer.

11. Industry or business:

FATHER 12. Name: William Peak

FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Caroline Duncan

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

16. (a) Informant: John Peak

(b) Address: Santa Fe Monroe Co

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 1 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Santa Fe Mo. (City or town) (County) (State)

18. (a) Signature of funeral director: Frank Breydis

(b) Address: Santa Fe Mo.

19. (a) Mar 31 1942 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar. day: 30 year: 1942 hour: 11 PM minute: M.

21. I hereby certify that I attended the deceased from 3/27/42, 1942, to 3/30, 1942, that I last saw him alive on 3/30, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Appendicitis	5 days
Due to:	
Due to: 1211.2	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Appendix abscess.

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?

(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: Frank Jeffery (M. D. or other)

Address: Mexico Mo. Date signed: 4/2/42

1874 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-16-860
Date Filed APR 16 1942

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 Roy A. McPhieters
Licensed Embalmer No. 1133,
P. O. Address Mexico 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, fact should be so stated above.