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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JUN 18 1942

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 2300

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1120 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 years
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1120 Montgall 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH PEACOCK

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married Widowed
(Divorced)

6. (b) Name of husband or wife Mr. B. Peacock

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug. 4 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>6</u>	_____hr. _____min.

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

10. Usual occupation House work

11. Industry or business at home

12. Name Henry Joseph

13. Birthplace N. Carol Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret August

15. Birthplace No record Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. Louise Leach

(b) Address 1120 Montgall

17. (a) Burial (b) Date thereof 6/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Mt. Zion

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence Mo

19. (a) 6-12-42 (b) Dr. M. M. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
 year 1942 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 8 to June 10
 1942 and that death occurred on the 9 day and hour stated above.

Immediate cause of death: Acute Bronchitis
Hypertensive Heart
Acute Myocardial
Dilatation

Due to _____

Due to _____

Duration

5 days

2 yrs

1 day

Other conditions g3K
(Include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

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? _____

23. Signature Harry W. King MD. (M. D. or other) _____
 Address 502 Third St. Kansas City, Mo. Date signed 6-12-42

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*Dr. H. W. King
Huron 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: *[Signature]*

Licensed Embalmer No. *2467*

P. O. Address. *Indep. 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.