

FILED JUN 10 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 409

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
517 Chicago
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 517 Chicago St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME William David Peebles

20. DATE OF DEATH: Month May day 28th
year 1942 hour 3 minute XX A.M.

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Alice Peebles 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 26 1884
(Month) (Day) (Year)

Immediate cause of death Probably coronary heart disease
Due to Deceased was unattended by physician before death
Due to _____

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	57	10	2	hr. _____ min.

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

10. Usual occupation Teacher & Minister

11. Industry or business XXXXXXX

MOTHER FATHER { 12. Name Ed K. Peebles
13. Birthplace Unknown Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah L. Carr
15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Alice Peebles
(b) Address 517 Chicago St., Springfield.

17. (a) Burial (b) Date thereof 5/31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frazier Cemetery.

18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, Springfield, Mo.

19. (a) 5-29-42 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 94 a
Of operations _____
Of autopsy _____

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? 0

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. W. Handley Local Health Officer (M.D. or other)
Address Springfield Mo Date signed 5/29

JUN-23-1942

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 Lawrence P. Hill

Licensed Embalmer No. 2784

P. O. Address Springfield, 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.

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