

FILED DEC 4 1942
Registration District No. 271

Primary Registration District No. 6261

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Rogersville, rural W. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Webster ¹¹²⁰
(c) City or town Rogersville, rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Eliza Jones Peck
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased July 11 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____
12. Name Jessie Anderson Peck
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Theodora Jones
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Therlin Peck
(b) Address Rogersville, Mo R #1
17. (a) Burial (b) Date thereof Nov. 11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or _____ West Finley
18. (a) Signature of general director Kelley - Farrell
(b) Address Rogersville, Mo
19. (a) Nov 13 1942 (b) Susie O. Benesh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9
year 1942 6 hour 30 minute A.M.
21. I hereby certify that I attended the deceased from earliest, 19____, to earliest, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
arteriosclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 830
Major findings: Of operations _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. J. Beers M.D. (M. D. or other) 3
Address Raymond, Mo Date signed 11-12-42

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

REV. 5-17-39
U.S. GPO: 1931

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

R:

Dis. No. 6,

District File Number 1242-1651

Date Filed DEC 2 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 H. H. Kelley

Licensed Embalmer No. 3334

P. O. Address Raymond 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.