

FILED FEB 13 1943

Registration District No. 150

Primary Registration District No. 2001

Registrar's No. 593-A

49
510
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper Mo

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

(c) Name of hospital or institution: 1130 Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether)

In this community 5 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 430 Broadway
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Goddie Peevie

3. (b) If veteran, name war: no

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race 3 Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 16 - 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 19
If less than one day hr. _____ min. _____

9. Birthplace Galena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business maid

12. Name John Wesley Peevie

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

14. Maiden name Myriah Simmons

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

16. (a) Informant Emie Peevie

(b) Address Joplin Mo

17. (a) Removal (b) Date thereof: 3-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest Cemetery

18. (a) Signature of funeral director Boice Und. Co.

(b) Address Galena Kansas

19. (a) Jan 5 - 1943 (b) W. B. Chopman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th.
year 1943 hour 3 minute 10 a.m.

21. I hereby certify that I attended the deceased from June 1, 1942 to Jan. 4, 1943
that I last saw her alive on June 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary of Arteries

Due to ✓

Due to ✓

Other conditions none
(Include pregnancy within 3 months of death)

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 W. B. Chopman M.D. (M. D. or other) _____

Address Joplin, Mo. Date signed 1-5-43

1204

43-1-101

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..... *Ray M. Shewmaker*.....

Licensed in Kansas

Licensed Embalmer No..... *1998*.....

P. O. Address..... *Galena, Kansas*.....

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.