

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 509

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1646 Belleview
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert G. Peabody

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Minnie Peabody 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 13 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 18 hr. min.

9. Birthplace Bloomington Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Engineer

11. Industry or business Chicago & Alton

12. Name Joseph S. Peabody

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

14. Maiden name Sarah Johnston

15. Birthplace New Brunswick Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Peabody

(b) Address 3422 E. 14th St.

17. (a) Burial (b) Date thereof 2-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. Wagner
(b) Address Kansas City, Mo.

19. (a) 2-1-43 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st
year 1943 hour 5 minute 05 A.M.

21. I hereby certify that I attended the deceased from 1/27/43
1943 to 1/31 1943
that I last saw him in alive on 1/30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration 2 days

Due to Ca cancer ?

Due to Generalized metastases ?

Other conditions 46 E
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

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)
(r) Means of injury _____

23. Signature J. Wagner (M. D. or other)
Address 501 Park Bldg Date signed 1/31/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Alvin R. Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansawcity Miss

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.