

FILED MAY 7 1943
Registration District No. 9125

Primary Registration District No. 9125

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

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Revere

(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 10 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark

(c) City or town Revere

(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAMES Susie May Peacock

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife James Peacock 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Feb. 21 - 1876

(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Jefferson City, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation housekeeping

11. Industry or business Chas Wilson

12. Name Chas Wilson

13. Birthplace Revere, Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Susie Magraw

15. Birthplace Revere, Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Wallingford

(b) Address Farmington, Ia.

17. (a) Burial (b) Date thereof March 29 - 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Assau Co.

18. (a) Signature of funeral director Arthur J. Lind

(b) Address 740 N. 1st St. Revere, Mo.

19. (a) 4-13-43 (b) Rory J. Boston

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1943 hour minute 10 A.M.

21. I hereby certify that I attended the deceased from March 24 1943 to March 26 1943 that I last saw her alive on March 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Chronic Myocarditis

Other conditions 93d

(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

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) Means of injury

23. Signature Rory J. Boston (M. D. or other) 4-12-43

Address 740 N. 1st St. Revere, Mo. Date signed 4-12-43

RECEIVED

District Health Officer No. 10

District File Number 5-73-779

Date Filed MAY 5 1963

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 Chas. L. Yutting
Licensed Embalmer No. 29657
P. O. Address Luray 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.