

FILED SEP 8 1943

Registration District No. 216

Primary Registration District No. 6075

Registrar's No. 309

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 16 das.
(Specify whether years, months or days)
In this community For years.

3. (a) PRINT FULL NAME EVA MARGARET PELTY

3. (b) If veteran, name war No 3. (c) Social Security No. 496-14-5400

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

6. (b) Name of husband or wife Barney Peltz 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased December 13, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 7 19 hr. min.

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

10. Usual occupation Mattress Maker, State Hospital No. 4

11. Industry or business No. 4

12. Name Unknown

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

14. Maiden name Lu Gracie Warsing

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

16. (a) Informant Records St. Hospt., Farmington, Mo.

(b) Address and L. A. Peltz, Monroe, Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 3, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem., Farmington, Mo.

18. (a) Signature of funeral director C. H. Cozean

(b) Address Farmington, Missouri

19. (a) Aug-11-1943 (Date received local registrar) (b) Byadie Buhrmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1943 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mass
1943 to August 1, 1943
that I last saw h. ae alive on Aug. 1
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia due to Streptococcus Viridans
Duration 6 mos

Due to

Due to

Other conditions Endocarditis
(include pregnancy within 3 months of death)

Major findings: 240

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 one of the following) (e) Means of injury

23. Signature Byadie Buhrmaster (M. D. or other)

Address Farmington - Mo. Date signed 8/2/43

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

94
00

94

0

0

1

3 P.M.

1943

1943

6 mos

6 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

8/2/43

RECEIVED

District Health Officer No. 4
District File Number 943-2659
Date Filed 9-7-43

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.....

..... me, Registered Apprentice No.
working under my personal supervision.

Signed Chase
Licensed Embalmer No. 4084
P. O. Address Farmington 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.