

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

2
43
-39
35567

FILED JUL 8 1944
Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2728**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution **2506 E 31st**
(If not in hospital or institution, write street number or location)

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

In this community **50 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Jackson City** **47**
(If outside city or town limits, write "RURAL") **39**

(d) Street No. **2506 E 31st**
(If rural, give location)

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

If yes, name country _____ **D**

3. (a) PRINT FULL NAME **SUSIE E. ELLmaker**

3. (b) If veteran, name war _____ **no**

3. (c) Social Security No. **none**

4. Sex **fe!** 5. Color or race **w** 6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **Fred** 6. (c) Age of husband or wife if alive **decd** years

7. Birth date of deceased: **march 3 1874**
(Month) (Day) (Year)

8. AGE: Years **70** Months **09** Days **25** If less than one day _____ min.

9. Birthplace **Savastopol Mich**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **same**

12. Name **Edson Peck**

13. Birthplace **New York** (City, town, or county) (State or foreign country)

14. Maiden name **Mandana Kelly**

15. Birthplace **New York** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mandana Peck**

(b) Address **2506 E 31st**

17. (a) **Burial** (b) Date thereof **7-1-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Hope Cem**

18. (a) Signature of funeral director **Wm J Mayberry**

(b) Address **2315 Lenwood**

19. (a) **6-30-44** (b) **T. E. Brown (1/3)**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **44** hour **03** minute **a** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h. **Deputy Coroner** _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **107**

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy **Inspection History**

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 **A. E. Usher** (M. D. or D. O.) **6/28/44**

Address **28 McWay** Date signed _____

APR 26 1955

APR 12 1955

2560

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 Roy E Snow

Licensed Embalmer No. 2560

P. O. Address 1KC 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.