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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21290

Registration District No. 56 Primary Registration District No. 5202 Registrar's No. 9

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Rural Eugene Twp (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Anna Olive Peltier

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lemuel Peltier

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

7. Birth date of deceased Sept. (Month) 3 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	8	28	hr. min.

9. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Adkins
13. Birthplace Carroll County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Dorinda Ewing
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Austin Peltier

(b) Address Wakenda

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) / 2 (Day) / 44 (Year)

(c) Place: burial or cremation Adkins Cemetery

18. (a) Signature of funeral director John H. Meyer

(b) Address Brunswick Mo.

19. (a) 6-3rd 1944 (Date received local registrar) (b) Hester Fisher (Registrar's signature)

861

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1944 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from May 26, 1944 to May 31, 1944 that I last saw her alive on May 31, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Seeked bowls — Duration 4 da.

Due to: Intestinal flu condition.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 3 3 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. Hamilton Staton M. D. or other Mhc

Address Carrollton, Mo Date signed May 31 44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-5-44

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 K P McGary

Licensed Embalmer No. 3153

P. O. Address Glasgow, 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.