

S. No. 2
OM-8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30431**
Registrar's No. **126**

FILED SEP 10 1944

Registration District No. _____ Primary Registration District No. **3002**

1. PLACE OF DEATH:
(a) County Andrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
303 Woodlawn /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Andrain 4
(c) City or town Mexico /
(If outside city or town limits, write "RURAL") 1
(d) Street No. 303 Woodlawn 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred E. Peck
(b) If veteran, name war World War I
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 5
year 1944 hour 10:45 minute P M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M /
(b) Name of husband or wife Mable Peck
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 16, 1993
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 2, 1944 to Sept 5, 1944
that I last saw him alive on Sept 5, 1944
and that death occurred on the date and hour stated above. 10:45

8. AGE: Years Months Days If less than one day
51 2 19 _____ hr. _____ min.

Immediate cause of death: Pulmonary infarction
Chronic Myocarditis
Due to multiple thrombi blood stream
Due to _____

9. Birthplace Mexico, Mo. (City, town, or county) (State or foreign country)

Other conditions: 930
(Include pregnancy within 3 months of death)

10. Usual occupation General Agent Life Insurance

Major findings: Appendectomy 8/4/44
Of operations _____
Of autopsy yes - Report not received as yet.
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Mutual Benefit Insurance Co.

12. Name Walter G. Peck

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

14. Maiden name Lula

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

16. (a) Informant Fred E. Peck, Jr.

(b) Address Mexico, Mo.

17. (a) Burial (b) Date the of Sept. 7, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Margaret H. Machie

(b) Address Mexico, Mo.

19. (a) Sept 7 - 1944 (b) Margaret H. Machie
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

23. Signature M. C. Brashear M. D. or other MD
Address Mexico, Mo Date signed 9/6/44

1074

SEP 25 1944

SEP 18 1944

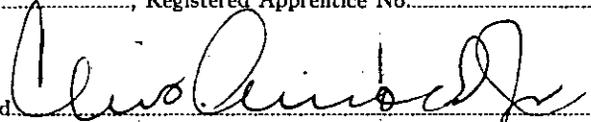
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Registered Apprentice No. _____

Signed



Licensed Embalmer No. 3569

P. O. Address _____

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.