

FILED MAY 3 1945  
Registration District No. 149

Primary Registration District No. 1002

48  
23

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
Kansas City Osteopathic Hospital  
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 months  
(Specify whether years, months or days)

In this community 20 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 614 Brooklyn  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FANNIE PEAKE

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

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

4. Sex Female 5. Color or race White

6. (g) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charles Willard Peake 6. (c) Age of husband or wife if \*\*\*\* years

7. Birth date of deceased May 12 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 4 hr. min.

9. Birthplace No information Canada 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER { 12. Name George Driver

13. Birthplace No information England 4  
(City, town, or county) (State or foreign country)

14. Maiden name No information

15. Birthplace No information No inf. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank C. Peake

(b) Address Kansas City, Missouri

17. (a) Cremation (b) Date thereof April 18 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Clinchwood Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918-920 Brooklyn K.C., Mo.

19. (a) 4-18-45 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day April  
1945 year. hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from January 17, 1945 to April 16, 1945; that I last saw her alive on April 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Primary carcinoma of cecum 6 mo Duration  
Secondary implantations over peritoneal surface.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 462  
(Include pregnancy within 3 months of death)

Major findings: X

Of operations: \_\_\_\_\_

Of autopsy Primary carcinoma of cecum, with secondary implantation over peritoneal surface.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence X

(c) Where did injury occur? X  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? X

While at work? X (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature Walter J. George D.D.  
Address 1625 W. 9th Date signed 4/17/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

J. Sidney Johnson  
1623 W. 9th. D.O.  
Vic 2469-01  
Be 4676

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.

" Body not Embalmed " per family wishes  
Signed Joe B. Yoder  
Licensed Embalmer No. 4173  
P. O. Address 918 Brooklyn

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.

H. C. Mo.