

No. 2  
-5-42  
5-17-39  
I X32873

FILED SEP 24 1945

State File No. ....

Registration District No. ....

Primary Registration District No. 4258

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Knosha, Mo.

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

(c) Name of hospital or institution: Home, 1  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knosha, Mo.

(c) City or town Edina  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

In this community \_\_\_\_\_ years, months or days 15 yrs 7 mo, 28 da

3. (a) PRINT FULL NAME Wesley Louise Peche

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 21  
year 1945 hour 10:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 8-5-45, 1945, to 8-21-45, 1945  
that I last saw him alive on 8-21-45  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Single (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 3 23 1830  
(Month) (Day) (Year)

Immediate cause of death: Idiopathic aplastic anemia 5 1/2 mos  
Due to \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years 15 Months 7 Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Edina, Knosha Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation High School Grad.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Autopsy

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Fredrick Peche

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

14. Maiden name Margie Goodwin

15. Birthplace Knosha Co., Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Fredrick Peche  
(b) Address Edina, Mo.

17. (a) Burial (b) Date thereof 8/24/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knosha Cemetery

18. (a) Signature of funeral director W. J. Kelly  
(b) Address Edina, Mo.

19. (a) 8-24-45 (b) Nelle Northcutt  
(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) \_\_\_\_\_

(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 \_\_\_\_\_

Signature Judicial Peche (M. D. or other) \_\_\_\_\_  
Address Edina, Mo. Date signed 8-23-45

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

RECEIVED

District Health Officer No. 10

District File Number 9-45-1470

Date Filed SEP 19 1945

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

*Geo. B. Stanley Jr.*

Licensed Embalmer No. 3753

P. O. Address

*Ludlow 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.