

S. No. 2  
M-5-43  
y. 5-17-39  
I X36871

FILED JAN 31 1946

State File No. ....

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 186

1. PLACE OF DEATH:

(a) County Jackson Kansas City

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

(c) Name of hospital or institution:  
6020 Brookside Boulevard  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community 35 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 6020 Brookside 8  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Loretta May Peeke

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

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10  
year 1946 hour 9:55 minute P M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Oscar Graham Peeke

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from known 19... to ... 19...  
that I last saw h... alive on ... 19...  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>about 65</u>			hr. min.

Immediate cause of death Coronary sclerosis

Due to arterio-sclerotic nephritis

Due to .....

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

10. Usual occupation at home

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

11. Industry or business X

MOTHER FATHER { 12. Name unknown Taylor

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

{ 14. Maiden name unknown

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

Major findings: Of operations .....

Of autopsy no  
Heston & Inspection

16. (a) Informant Oscar Graham Peeke

(b) Address 6020 Brookside Blvd., K. C., Mo.

17. (a) Cremation (b) Date thereof 1-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Elmwood Cemetery

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? .....

18. (a) Signature of funeral director Stine & McClure

(b) Address 3236 Gillham Plaza, K. C., Mo.

19. (a) 1-12-46 (b) Waldene Helmer  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) .....

(c) Means of injury .....

23. Signature Waldene Helmer (M. D. or other) Waldene Helmer

Address 1824 N. 7th St. Date signed 1-11-46

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

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

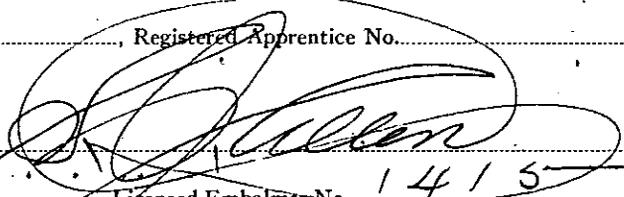
WS APR 15 1959

**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



Licensed Embalmer No.

1415

P. O. Address

R. C. Miller

**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.**