

**FILED** MAR 27 1948  
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
216 East Division St., /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 216 E. Division St., 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Ellen Peel

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife A. H. Peel  
6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased May 15, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 9 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Thomas Glynn

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

14. Maiden name Nancy A. Maddock

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

16. (a) Informant Wm C. Fahrenhorst

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3-15-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J.W. Klingner & Co.

(b) Address Springfield Mo.

19. (a) 3-15-46 (b) B W S Hamely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3/14/46  
12:36, 1946, to 3/16/46, 1946  
that I last saw h. or alive on 3-6, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensating Heart Lesion Duration \_\_\_\_\_

Due to Myo Carditis 3/14/46

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

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

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: U m g

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O. E. Feller (M. D. or other) \_\_\_\_\_

Address Springfield Mo. Date signed 3/14/46

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

9  
2  
6

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**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 Ogle Stone Jr.  
Licensed Embalmer No. 4126  
P. O. Address Springfield Ma

**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.**

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