

FILED APR 6 1946

Registration District No. _____

Primary Registration District No. 3568

State File No. _____

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
11416 Winner Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 1 Year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural Blue
(If outside city or town limits, write "RURAL")
(d) Street No. 11416 Winner Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EFFIE CHAMPION PEER

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

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

6. (b) Name of husband or wife Stephen H. Peer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 18 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name No Data

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

14. Maiden name Elizabeth Erhart

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

16. (a) Informant Mr. Stephen H. Peer

(b) Address 11416 Winner Rd. K.C. Mo.

17. (a) Burial (b) Date thereof 3/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Richard H. Spence

(b) Address Independence, Missouri

19. (a) 3/4/46 (b) James H. Craig
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 9 minute 10 AM

21. I hereby certify that I attended the deceased from April 20, 1945 to March 3, 1946
that I last saw her alive on March 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma scirrhous breast

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 50
Of autopsy _____

Duration

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 0

23. Signature Shirley Gratzke (M. D. or other) _____
Address Independence, Mo Date signed 3/4/46

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

8758

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..... *Roland R. Peake*.....

Licensed Embalmer No. *3604*.....

P. O. Address *Indip, 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.